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ABSTRACT

The papers in these proceedings focus primarily on features of the Head Start Program, contributions made to its research and its future direction. The first part of the proceedings contains presentations from the nine symposia, dealing with the following topics: (1) Head Start demonstration projects; (2) issues relating to education and the schools, such as learning and literacy; (3) child development and assessment; (4) child and family health; (5) integrated approaches to early intervention; (6) conceptual models for the study of multiethnic and minority families; (7) researcher and practitioner partnerships; (8) directions the Head Start program can take in terms of research, practice, and policy; and (9) miscellaneous issues such as involving fathers in the Head Start program, research issues in racial identity, and research methodologies. The remainder of the proceedings contains papers presented at the conference as follows: (1) "Adolescent Parents"; (2) "Children with Special Needs"; (3) "Collaborations and Partnerships"; (4) "Comprehensive Approaches to Early Intervention"; (5) "Developmentally Appropriate Curriculum"; (6) "Family Ecology-Systems Approach to Family Research"; (7) "Family Strengths and Adaptive Strategies"; (8) "Family Support Services"; (9) "Health and Nutrition"; (10) "Health Issues"; (11) "Home-Based Intervention"; (12) "Language and Literacy"; (13) "Normative Child Development"; (14) "Out-of-Home Child Care"; (15) "Parent Involvement"; (16) "Research, Service Delivery and Policy"; (17) "Screening and Assessment"; (18) "Social and Academic Competence"; (19) "Training and Development"; and (20) "Transition." Four appendices provide a list of cooperating organizations, the program committee and peer reviewers, as well as a subject index and directory of conference participants. (BAC)

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Summary of
Conference Proceedings

Translating Research into Practice:
Implications for Serving Families with Young Children

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The 2nd National Head Start Research Conference

◆

Presented by:
Administration on Children, Youth and Families
Department of Health and Human Services

In collaboration with:
National Council of Jewish Women Center for the Child
and
Society for Research in Child Development

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Summary of Conference Proceedings

Translating Research into Practice:

Implications for Serving Families with Young Children

The 2nd National Head Start Research Conference

November 4-7,1993

Presented by:
Administration on Children, Youth and Families
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Foreword

The Administration on Children, Youth and Families is pleased to present the Proceedings of Head Start's second national research conference, "Translating Research Into Practice: Implications for Serving Families with Young Children." The conference took place November 4-7, 1994 in Washington, D.C. It was attended by almost 800 academic researchers, practitioners, representatives of private foundations and professional organizations, policy analysts, and government officials.

The conference came at a time when Head Start and other programs serving families with young children were facing new challenges and opportunities. The Advisory Committee for Head Start Quality and Improvement had just completed its deliberations, and Congress had passed the Family Preservation and Family Support Act. The Advisory Committee Report, "Creating a 21st Century Head Start," and the Family Preservation and Family Support Act will not only set new standards for the quality of services, but will create unprecedented opportunities for new community-based partnership models of child and family services. It becomes even more crucial to utilize all of the state-of-the-art research as it is known, to add to our existing knowledge base, and to develop new methodologies for research and evaluation. This conference was designed to bring all the partners in the creation of better lives for children and families together for information sharing and for interaction.

The Proceedings is a compilation of the invited presentations, symposia, poster sessions, and other conference activities. It is hoped that the Proceedings will not only serve as a repository of state-of-the-art research and as a vehicle for dissemination, but also will serve as an example of ACYF's strong commitment to research and to a continuing partnership with the research community.

Olivia A Golden

Olivia A. Golden
Commissioner
Administration on Children, Youth and Families
Administration for Children and Families

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Opening Session

Keynote Speaker: Urie Bronfenbrenner
Jacob Gould Schurman Professor Emeritus of
Human Development and Family Studies
Cornell University

Urie Bronfenbrenner, Ph.D., the Jacob Gould Schurman Professor Emeritus of Human Development and Family Studies and of psychology at Cornell University, is an expert on developmental psychology, childrearing, and the ecology of human development. A founder of the national Head Start program, Dr. Bronfenbrenner is internationally renowned for his cross-cultural studies and is a recipient of honorary degrees both in this country and abroad. His theoretical contributions and his ability to translate them into rigorous operational research models and effective social policies spurred the creation of Head Start and furthered the goals of Cornell's Life Course Institute, which has been renamed in his honor. Dr. Bronfenbrenner is the author, coauthor, or editor of 13 books and more than 300 articles, most notably, Two Worlds of Childhood: U.S. and U.S.S.R. and The Ecology of Human Development.

A New Head Start for Head Start

Once again, the season is upon us. In that spirit, I speak to you this morning of Head Start Past, Head Start Present, and Head Start Yet-to-Come.

Why Dickens? Because he knew from personal experience what poverty was, and what it could do to families and children, to his own family, to himself as a child. And Dickens knew too that the evil spell could be broken, thereby setting free the creative power of families and children themselves to work their own unmatchable magic. Being a skilled and honest reporter, Dickens sent out the facts. But then, being also a responsible and caring person, Dickens sent out the word — a call for action. This was his message out of the past to the present and the future; it is a message to us today.

For Scrooge still lives, and in the dark of night, Marley's Ghost still walks, clanking his chains, and many a Bob Cratchit and his family, along with Tiny Tim, are living in misery, often even without a roof over their heads, in this, one of the most prosperous countries in the world.

But in Dickens' message there are also lessons of hope, and of how hope can be realized. The main bearers of that message were, of course, the three Spirits of Past, Present, and Yet-to-Come. However, in these days of economic retrenchment and staff reductions, those three have been "administratively retired" and have gone back home — I presume, "up there."

But not me. Don't get me wrong; at this time of year, it's cold where I come from — in upstate New York, we've got two feet of snow. I was brought in from the boondocks this morning to fill in for all three of those nighttime visitors: Past, Present, and Yet-to-Come.

I guess I was sent because I had been back there from the beginning, when Head Start first saw the light of day. Why go back that far? Because in Head Start Past there are still lessons for its Present and its Future. It was almost 40 years ago that a curious collection of characters was brought together here in Washington. There were only about a dozen of us then, scientists and practitioners from all across the country, from a variety of cultural and ethnic backgrounds (a phenomenon not as common in those days) — men and women from almost a dozen different fields: medicine, psychology, early childhood, sociology, public health, education, economics, and public administration.

But the most unusual feature of this group was a combination of qualities that I presume to call "characteristically American." They were a bunch of otherwise-thinking, hardworking, imaginative persons who held and expressed, I assure you, strong opinions. But nevertheless we worked well together and had fun doing it! We soon became friends — still are, those who are still living. In short, it was a case of *e pluribus unum* — one out of many.

What has happened to the *"unum"?* Or have we all become *"pluribus"?*

Back in 1964, our charge — given, we were told, by President Johnson himself — was characteristically concise and concrete: to develop a national program for the then growing numbers of preschool children from families living in poverty. The purpose? So that they could succeed in school.

There was a firm deadline — three months — and we made it.

I note for the record that none of us knew how to develop the kind of program the President wanted. Yet we got it done. The final product reflected the characteristics of its producers: it was demanding, it was distinctive, it put together diverse elements that had never been combined before, and it did so in a way that created and required cooperation and community on the part of all parties, once again, *e pluribus unum*. One, out of many.

What were those distinctive features? I pose this question because this is a conference on the implications of contemporary research for Head Start programming, and if we are to identify such implications, we need first to be clear about the defining characteristics of the program to which the new scientific knowledge must be applied. From its very beginnings, Head Start had quite a few distinctive characteristics, but in terms of their significance for Head Start today and Head Start tomorrow, three especially merit our attention.

To appreciate its full significance, the first distinctive feature should be viewed in its historical context. The United States was one of the last among developed countries to establish a national preschool program. France, for example, has had one for more than a century. But when we finally introduced such a program, we set it up in our own unique fashion. The United States was the first country to establish a national preschool program in which the primary funding and the guiding principles were established at the national level, but decisions about the way in which that money was to be spent and the specific ways in which those guiding principles were to be implemented, were to be made at the local level. This time *plures ex uno* — many out of one! More than that, the recipients of the program were themselves to play a major role in those decisions.

And they do. Last year, I served as one of the community representatives on our county's Head Start Parents' Policy Council. And I can tell you that, at the local level — they were *it*. The county Head Start leadership and staff fostered that — taught the parents how to do it — and then had to face the consequences!

And they did!

The second distinctive feature of Head Start also borders on the unique; namely, Head Start was one of the first preschool efforts, certainly at a national level, to provide within the same program four kinds of components deemed essential for the achievement of Head Start goals. These components were: health, education, social services and — the one that subsequent research suggests may be the most important for cognitive and social development — *parent involvement.*

Parent involvement leads us directly to the third distinctive component of the model. Head Start was the first national preschool program to take as a primary focus not just the individual child (the prevailing orientation in preschool programs up to that time) but the child's *family*. And the principal way in which that focus is to be achieved is through parent involvement.

What is parent involvement? Given its key role in Head Start, we should certainly be able to give an unambiguous answer to this question. At this Head Start Conference, I asked the members of the audience that very question: "What is parent involvement?" Here are some of the answers I got:

> "Parents make decisions on policy."
> "Parents are learners."
> "Parents decide on hiring and firing."
> "Parents help out in the classroom."
> "Parents are community organizers."
> "Parents are teachers of their own children."
> "Parents decide on the center program."

It looks like parent involvement involves a lot of different things. Which are the most important?

That question brings us directly to the main topic of this conference — the relation of research to Head Start. That relation is an old one. It was there from the very beginning. But back then, we didn't have much to go on. Most of what we could find that had relevance came from laboratory studies of animals raised in stimulating *versus* deprived environments, and a few clinical investigations of children brought up in different kinds of family and institutional settings, and one or two not-very-systematic intervention efforts. All in all, scattered bits and pieces. But, somehow, they were all fitted together, albeit with many gaps, in that strangely emerging group mind of the Head Start Planning Committee. None of it was a solid enough base to build a national preschool program that would enable kids to succeed in school, but as we now know, it worked.

It worked then. It works now. The key question for today, and even more for tomorrow, is not "Does Head Start work?" Anyone who is still hung up on that just is out of touch with reality. *The crucial question is how to make it much better!* That challenge is posed not by a commendable striving for perfection, but as you know, by the dire state of young children and their families in our nation today, and the consequences of that state for our nation's future.

It was bad enough in 1959, the year that President Johnson declared the War on Poverty. The poverty rate, at that time, for families with young children was huge. But as of this year [1993], we are back to the highest it has ever been: one quarter of all American children under 6, and threatening to go higher.

But that is not the main problem. The main problem is the much greater severity of the stressful conditions under which children and families who are poor now live. Today, the problems they are experiencing are much more serious — and their needs are much greater — than they were back when Head Start first began. Looked at objectively (it is of course difficult to look at this situation "objectively," for these are America's children, *our own*), in my judgment, ***the present state of children and families in the United States represents the greatest domestic problem our nation has faced since the founding of the Republic.*** It is sapping our very roots. That is where we stand today.

How are we to meet the challenge? As we did before! What we need today is a *new Head Start for Head Start*, built on the old one, but *new* — taking advantage of what we have learned since.

What have we learned since? Since Head Start began, what new knowledge has research brought us? Before addressing that question, I have to clarify an important difference: ***research is not the same as evaluation.*** Evaluation tells you how well something you already have is working. Research tells you how one can make it work better.

In that domain, it is still bits and pieces — new bits and pieces that really don't fit together by themselves. But they do fit nicely into the foundation that has already been built. To be sure, these new resources are still to be put to the test. As back then, the new research is also incomplete, no more proven than the ideas we put together almost four decades ago, but, I suggest, no less promising.

So let me tell you what some of these new resources of knowledge are. The first key concept is difficult to capture in a single word. The best I can do is to give a formal definition, and then follow it with some concrete examples.

Human development takes place through processes of progressively more complex, reciprocal interaction between a child (or human being of any age) and the persons, objects, and symbols in its immediate environment. To be effective, the interaction must occur on a fairly regular basis over extended periods of time. Such enduring forms of interaction in the immediate environment are referred to as *proximal processes.* In short, proximal processes are the engines of development. Examples of such enduring patterns of reciprocal interaction are seen in parent-child and child-child activities, in group or solitary play, in reading, or in learning new skills.

There is a key qualifier in the above definition. I refer to the stipulation that, to be effective, the interaction must take place "on a fairly regular basis over extended periods of time." Putting it another way, processes have to operate long enough to get revved up, and to stay revved up. Here we encounter what research points to as a major threat to the development of competence in character in the young (or, for that matter, at any age): ***instability over time in the environments of everyday life.*** Instability is lack of consistency, lack of predictability in the experiences of daily life.

And what produces environmental stress? In our society, one of the most powerful sources of such disarray is poverty, American-style. American-style. Why American style? Because, although this particular form of environmental stress is greatest for poor families in the United States, it also extends beyond them to the well-educated and the well-to-do.

Harold Stevenson and his colleagues, in their revealing observational studies of school classrooms in our own country, both Chinas, and Japan, sought to identify why pupils in these Asian countries are doing so well. One of their findings is easily summarized. The American classroom is a jungle. Learning activities are constantly being interrupted.

It was a French colleague of mine who, when asked about his impressions after an extended visit, responded succinctly, "I had not known that the children in your country are being brought up mainly in moving vehicles." My colleague's remark is consistent with a growing number of studies indicating that, after poverty, a major source of environmental stress affecting the development of the young in our country is the increasing hecticness, instability, inconsistency, and unpredictability in children's daily lives, not only in the family, but also in other developmental settings, including Head Start itself. And not just in the lives of the children, but in the lives of all of us who work in Head Start; it affects us all.

On a broader level, the picture becomes even more disturbing. I recently completed a comparative analysis of available data on the state of children and families in so-called "post-modern societies" (There's an oxymoron for you!). The analysis revealed that, compared to West-European countries — along with Canada, Australia, New Zealand, and Japan — we emerge as No. 1 in the percentage of children living in single-parent families (one out of five), teen-age pregnancy (one in ten), and, as I just reported, young children in poverty (now one in four). And that doesn't begin to count the homeless, mothers and infants who are victims of drug addiction, and, no doubt the highest figures of all — parents, children, and youth who become the targets, and often even themselves the perpetrators, of random or sadistic violence.

What are the implications of all this for Head Start? In answer to that question, I begin by taking us back to that key qualifier in the definition of what I called proximal processes. To be effective, such processes have to take place on a fairly regular basis over extended periods of time. And what happens to these interactive processes in environments of daily life that are hectic, inconsistent? Answer: they get interrupted. As I put it earlier, even when they occur, the processes do not operate long enough to get revved up, and to stay revved up. It follows that Head Start programs for the future should set a high priority on increasing stability in children's environments and activities, both in the center and in the home. Fortunately, this is a goal that can be effectively pursued in Head Start through existing commitments and patterns of parent involvement.

But to achieve this objective, it is not enough to have the will; there must also be a way. How does one get such reciprocal processes started, and how can one keep them going? Here is one answer from an intervention experiment that was carried out some time ago with 100 working class mothers and their 9-month-old infants in the Dutch city of Niemegen. For purposes of scientific control, the mothers were assigned at random to different groups. In one of these, called the "responsiveness group," the mothers were given a "Workbook for Parents" that stressed the importance of paying attention, and then responding, to what the infant was doing. If the baby is looking at something, you look there too, say something, show the object, or bring the infant to it. In short, continue the "conversation" in whatever manner comes handy. And if you do that, the baby will "talk back" with a smile, a gurgle, or a look somewhere else. The workbook goes on to point out that this isn't easy, because, when you are with the baby, you have to pay attention and stay there long enough to keep the "conversation" going.

By contrast, mothers of infants assigned to the so-called "stimulation group" received a workbook that emphasized the importance of providing the infant with a variety of perceptual experiences of all kinds — to point to, name objects and persons, speak a lot to their infants, and so forth. But nothing was said, one way or the other, about being responsive to what the infant did. There was also a matched control group that, like the others, received health and social services, but nothing else.

In the follow-up assessment conducted 3 months later, infants of mothers who had been encouraged to be responsive to their baby's initiatives, when compared with both of the other groups, exhibited higher levels of exploratory behavior, were more likely to prefer novel objects, and scored higher in simple learning tasks.

The strategy employed in this experiment has both a name and a track record. It is called "redefining roles" and has been shown to especially effective in altering the course of behavior and development both in children and adults.

Another powerful mechanism for strengthening families and fostering children's development emerged as a serendipitous finding (meaning that we in the Head Start Planning Committee hadn't expected, or even thought of it). Since that time, we have all learned about the power of social networks (e.g., Cochran et al.). In Head Start that power emerged through the networks formed spontaneously between Head Start parents themselves. These networks produce a kind of developmental "double whammy," because they enhance the development of competence and character in children though fostering the development of competence and character in their parents

Another "magic bullet" was discovered even before Head Start existed, but, unfortunately, was not incorporated into the Head Start design. The discoverer was one of the pioneers of research in early intervention recently lost to us — Susan Gray. Early on she demonstrated that a family-based intervention enhanced development not only of the "target child" but also of his or her brothers and sisters. She called this effect "diffusion." She went on to point out that intervention programs, back then, were not designed to take advantage of the power of this phenomenon. And they are still not so designed today. It is Susan Gray's rich legacy to a "New Head Start for Head Start."

A more recent research discovery is the developmental importance of life transitions; for example, the transition from home to Head Start, from child care to Head Start, and from Head Start to school. But that's not all; there are also family moves, family break-ups, remarriage, getting a job, losing a job, illness in the family. The research evidence shows that such transitions — even when for the better — can be a threat to children's development. They are a threat on two counts: first, because they can disrupt the child's emotional ties, both within and beyond the family; second, and equally important, because they can *interrupt* the maintenance of "proximal processes on a fairly regular basis over extended periods of time."

The research evidence also shows, however, that such risks can be reduced, and even turned to advantage, by anticipating and counteracting the forces of disarray. For Head Start, this means, first and foremost, a special programmatic focus on "building bridges" on both sides: the transition from home (and also early child care programs) into Head Start, and then again, out of Head Start into school. These bridges cannot be built solely by constructing abutments on one shore. In each case, the people and the programs on the other shore must collaborate in the joint venture. There is today an emerging body of research evidence about how such bridges can be built to withstand the stresses of transition. The process begins by weaving cables from one bank to the other — parent visits, staff visits, and, especially, children's visits. But beyond that, there are heavier loads — building mutual trust, and mutual support, not only between the family and other developmental settings, but between both of these and the communities in which they exist.

This brings me to our greatest challenge. I present it as it presented itself. I make it a practice, when I am invited somewhere, to ask to see the local Head Start centers. Recently, when I was in Chicago at the Erickson Institute, I asked to see the centers in the worst neighborhoods of that city. To sum up what I saw, the centers were terrific! But, as I was looking at those lovely kids joyfully playing and learning, one of the teachers said to me quietly, "You have to remember that within 6 or 8 years most of the boys in this room will be killing people with guns."

Today, for many children in our country, that too is a life transition! What do we do about that?

I made a suggestion a long time ago. It is called a "Curriculum for Caring" — "caring," the fourth "R," as in arithmetic. And it starts in preschool. Caring — not talking about caring, doing it! In many societies little children are involved in activities in which they are doing things for other people — singing songs, visiting, bringing small gifts, doing small errands, and the like. I want it to start there, but if it is to be effective, it must continue into school, all the way through high school.

Remember the song from South Pacific, "You've got to be taught to hate." That is true; there is research to back it up. But it is also true that "You've got to be taught to love." And there is research to back that up. We need a "curriculum for caring" in Head Start. In part, it is already there, but it needs to be made explicit and carefully developed, precisely because, in contrast to most preschool programs, the beneficiaries of Head Start are not only its children, but also their parents, their older brothers and sisters, their friends and neighbors, and, ultimately — our country and its future.

We are back to the spirit of Christmas-Yet-to-Come. But, as you will recall from Dickens' story, once that spirit departs, we are wakened from our dream, and we are back in harsh reality. Yet, one of the purposes of this report is to remind us that Head Start was also once only a dream, born out of harsh reality. And that dream then changed the harsh reality of that time.

What about today? We are all set up, aren't we! As the Spirits of Head Start Past and Head Start Present have shown us, today Head Start faces an even harsher reality! But today we also have new knowledge, and even more know-how, more because of something that did not exist then: *You* — the people who really made Head Start, and continue to make it work.

You are there, where the action is! There was no one there when we dreamed up Head Start 30 years ago! You are there, and it makes a big difference. For it is time to dream again — to dream a new Head Start for Head Start — built on the old, but capable of even more powerful magic than the one we know today. Together, as before, we can turn that dream into a more humane and rewarding reality for the children and families of our country, both in the present and in the yet-to-come.

Luncheon I

Keynote Speaker: Marian Wright Edelman
President
Children's Defense Fund

Marian Wright Edelman, founder and president of the Children's Defense Fund (CDF), has been an advocate for disadvantaged Americans for her entire professional career. Under her leadership, the Washington-based CDF has become one of the nation's most active and effective organizations concerned with education on a wide range of child and family issues, including adolescent pregnancy prevention, child health, education, child care, youth employment, child welfare and mental health, and family support systems. CDF's mission is to educate the nation about the needs of children and encourage preventive investment in children before they get sick, drop out of school, suffer too-early pregnancy or family breakdown, or get into trouble. Her publications include two recent books, Families in Peril: An Agenda for Social Change and The Measure of our Success: A Letter to My Children and Yours.

Marian Wright Edelman: While I am going to be talking about Head Start and some of the problems facing children, we are coming here together at a time when I think we have an enormous set of challenges and opportunities and dangers, and we have to build a new movement for children. We have lots of new opportunities now, but we are really going to have to pull together. I want to show you three new ads — because I think that we have got to see the whole child — that really set the theme and the context for our "Leave No Child Behind" crusade, which I will be talking about. I am now working together with our staff to see if we can begin to capture more people. I have talked to thousands and thousands and thousands of people over the last years, but we have not signed you up for an ongoing network. Any of you who are not totally hatched or who have time after 5 o'clock or on weekends and are willing to be a voice for children, and want to be involved with an ongoing network to make things happen for children, please feel free to sign up so that you can begin to get ongoing information.

The first PSA is part of an effort to deal with the disgracefully low immunization rates of American preschool children. While Head Start has made an enormous difference in making sure that children get health treatment and checkups and immunizations, we have a crisis with under-2s. We really do hope that with the new immunization program that was recently passed — putting in about $600 million dollars to immunize every child in an uninsured family — we can make a difference. We really need the help of everybody to make it happen in every community, and I hope that all of you working at a community level and through Head Start and child care centers can try to think how you can be instruments to reach younger children, involve parents, and make sure that children don't continue to die of measles and other preventable diseases in 1993 America. We would be delighted to give this PSA away and put a local number on it so that people can begin to be aware that we need to do something; we would love to work with you on that.

The second PSA is part of a new effort to mobilize the entire black community to really do a targeted effort for black children within the context of a broader crusade, because we believe that the black child and the black family face the worst crisis since slavery and that everybody has to come together to reforge a positive vision and a community-wide response to put children first.

The third PSA shows that these problems are not just the problems of black kids but cut across race and class. Again, it is a part of a public education campaign in the 1990s to ensure every child a healthy start, a head start, a fair start, and a safe start.

But this is an exciting time. I think we are on the brink of a new chapter, perhaps one of the most exciting in Head Start's history, a chapter that will bring remarkable new opportunities for our most disadvantaged children and families, as well as new challenges for Head Start grantees, advocates, and the research community. I am pleased that the President has singled out Head Start for the largest increase in domestic discretionary programs. The Administration has also listened to the voices of Head Start providers, parents, children, and family advocates and understands that expanding Head Start must include a commitment to strengthening quality. If the program is not first-rate and good, it is not going to help kids. We must be out there first, making sure that this is a high-quality, responsive program that is really going to produce quality outcomes for every one of our kids; kids deserve no less. The Administration, I think, also understands that Head Start providers and programs must not only strengthen quality but must also respond to the needs of the families they serve. I think that there is currently an exciting and fruitful dialogue about how to help this very special program move into the 21st century.

The founders of Head Start, many of whom are from the research community, were a group of remarkable visionaries — Urie [Bronfenbrenner]! They understood that in order to learn, children need more than an early education; they have to be healthy and well-fed and have strong and functioning and supportive parents who can be actively involved in their lives. How else will we be able to sustain the gains of Head Start once children go to school? We have the job of getting every child ready for school, but then we have to get every school ready for every child. It is going to require strong parent advocates as well as community advocates. Parents are key. As a result, Head Start is one of the few programs that builds a set of comprehensive services directly into its framework. This concept has borne the test of time as today's advocates for children struggle to bring to other programs for children and families the unusual packages of services that characterize Head Start.

Good social policy should be like good parents. None of us would choose between health care and housing and education and food or anything else for our children, and so social policy should not do the same. We have to look at the whole child in the context of family and community.

As many of you know, CDF in a sense is the daughter, or, child of Head Start. Had we not had an early Head Start experience in Mississippi and had we not been inspired by poor parents struggling to do things for their children, getting a new sense of possibilities through the Head Start centers, looking at the ways in which comprehensive services really did make a difference, and seeing how excited parents were to be involved in their children's learning process, CDF probably would not have existed. But CDF came into being because we saw early on in 1965 how hard it is to get the kind of supports and protection for parents out in the poorest communities to do the good job that most of them really want to do. As you may know — those of you who are aware of the history of the Child Development Group of Mississippi — after the state refused to take the first Head Start programs and community groups applied for them, we got attacked by a very powerful Mississippi senator who held up the entire OEO appropriations unless this Head Start program was unfunded. I realized that the poor parents and poor children did not have a voice in Washington to answer back to the political attacks that would come, and so that was a very important thing for CDF's beginning.

My second lesson of Mississippi in the 1960s was as a civil rights lawyer. We were making great strides in winning new legislative victories: the right to sit down at a lunch counter; the right to be able to go to desegregated schools; the right to vote. But if your parents and others were kicked off their plantations the next day, did not have any food to eat, did not have a place to live, did not have a means to get their children the education and help they needed, political and civil rights would not mean very much. It was very clear in 1965 that if we were going to really be successful in building strong and healthy children and families, we had to put the social and economic underpinnings beneath those families to make the political and civil rights real. And that has been what CDF has been about for the last 20 years, 25 years, and that is what the movement of the 1990s has to be about if political and civil rights and strong and competitive children and workers are going to be produced in the 1990s.

There are areas of Head Start that must be updated; nothing can stay the same. Needs change. The world changes. Families change. In 1965 few Head Start parents worked outside the home. Today a growing number of Head Start parents work or are enrolled in school or training. Head Start programs have not conformed their schedules to these families' changing needs, and it is very sad when I go out in communities in the summer or on Indian reservations and see the Head Start center closed. We have to bring it into sync with the working parents' needs and make more Head Start programs full-day and full-year, if the community needs them, so that we can have the continuity of care that many families in many communities need.

In 1965 poor families may have faced fewer hurdles. The program focused primarily on 3 and 4 year olds. We did not know as much about the value and necessity of early intervention as we do today. Many Head Start teachers are now clear that they need to reach children and families much earlier. Yet only a fraction of Head Start programs provide services to infants and toddlers. Violence and drugs are much more prevalent today than they were in 1965 when we first got started. However, Head Start programs have the staff necessary to help their children and families cope with these additional threats to well-being.

If Head Start is to survive and thrive, as it must, it must also adapt to meet the needs of the children and families of the 1990s. I am confident that this is possible because the basic philosophy of Head Start is one of allowing programs the flexibility to meet their communities' needs. Building on this foundation, we can all work together to ensure that the efforts of the national Advisory Committee on Head Start Quality and Expansion, the research community, and children's advocates across the country result in a new and stronger Head Start program for the '90s.

Research efforts obviously must, and can, play a significant role in helping identify promising practices, as well as program areas that need bolstering. As Head Start grows and changes, so must research efforts. Head Start is not just another 4-year-old preschool program. Its parent involvement component is unique and more important than ever today. With more and more teen parents and single parents and parents with special needs, we really do have to look at this in a thoughtful way. Yet little research exists to document the effect of the program on parents' lives and future earnings. I am always moved by conversations with parents about the impact of Head Start on their self-esteem. Parents describe how our program staff were the only people in their community who respected and valued their opinions even though they were poor. The support and confidence gained from Head Start enabled many parents to become more independent and contributing members of their communities. Their success and their children's success must be documented. As the program moves to extend its hours to serve younger children and to provide more intensive services to children and families, research must follow to carefully document the impact of these changes.

The research community can play other key roles. As you write and speak about early childhood, I urge you to highlight the special characteristics of Head Start and the importance of comprehensive services to children and families. I also urge you to speak out and not keep yourself in a narrow box. All of us are going to have to play multiple roles in advocating for children and families. When you have useful research findings showing the power of Head Start that can help us understand how to improve the program, make sure that the public and policymakers know about your work. Your opinions are highly valued by policymakers and legislators. Experts have played a strong role throughout the 28 years, not only in the creation, but in the expansion and strengthening, of Head Start. The President has shined a spotlight on Head Start by singling it out for such significant growth. It is now critical that those of us who have worked together to build Head Start pull together to support this historic commitment and make full funding of Head Start — a high quality, revamped Head Start program — a reality.

We must also use our collective wisdom to ensure that in the next 28 years children and families receive the best possible services. We need to have a vision of a high quality, comprehensive, early childhood system that talks about how we integrate Head Start funding streams with child care funding streams and with preschool funding streams that strengthen parents. We have all got to get out of our boxes and look at this in a new and collaborative way in order to serve children in a new and collaborative way.

I do hope that we will seize this opportunity and build a strong bipartisan coalition to get Head Start going. I will be very clear: I am very pleased that we now have new voices for children in the White House and in Congress. But as we learned this year in the funding struggles — both in the economic stimulus package and in the appropriations process where we ended up with $50 million less for Head Start this year than we got last year — if we are going to achieve this vision, it is going to require a massive campaign on the part of everybody. And the Children's Defense Fund is absolutely committed to mounting that campaign — but we need the help of every one of you.

Nobody is going to do us any favors on the Hill with all the discussion about a balanced budget amendment and more cuts in discretionary program; we are going to have to make these investments happen. We can make them happen, but we will do it by organizing and being there in a consistent way for children, and we will do it by showing through our research that this is a thing that works and will make a difference in the lives of children.

I am looking forward to working with you to achieve that goal. But I am also looking forward to seeing a children's movement that recognizes that neither Head Start nor any single program can meet the needs of children by itself. We do have to talk about how we work together, because, I think, we face extraordinary challenges on the eve of a new century, and millennium, where there is, in my view, a virtual civil war raging here at home as we face very dangerous triplets of racial intolerance, economic insecurity, and violence spreading all across our land. Unless we build a movement that can respond forthrightly to these threats, they are going to stain our social fabric indelibly; they are going to fray our national and community bonds and undermine our ideals, domestic safety, and future.

I have often said this year that it is ironic that as Communism has been collapsing all around the world, the American dream has been collapsing all over our own nation for millions of families, youths, and children of all races and classes. We are in danger of becoming two nations: one of First World privilege and another of Third World deprivation, struggling to peacefully coexist as a beleaguered middle class barely holds on. And we, as children's advocates, have got to understand this context and the climate within which we work. The poor have been getting poorer and the rich have been getting richer, and we have got to begin to try to reorder these priorities if our children are not to have a less bright future than this generation and my generation had. Two *Philadelphia Inquirer* reporters have said that for the first time in American history, members of the generation entering adulthood will find it impossible to achieve a better lifestyle than that of many of their parents. Most will not be able even to match their parents' middle-class status.

The poor have been getting poorer, and I am deeply concerned that today. As we look at Head Start and early childhood, we do so in a context that we have more poor children in our country than we have had in any year since 1965: 14.6 million, despite the net 88% growth in our GNP over this period. And we still have a job to do to convince people that most of these poor children are not black and not on welfare, do not just live in inner cities but are in working families and are of all races. And we must not forget rural children, who are worse off in a lot of key indicators than children who are living in inner cities. Poverty is a national problem that we have got to keep the eye of the nation on. Within that framework, Children's Defense Fund really thinks that we have all got to work together to put forth a vision before this country that we, as the richest nation on earth, really can eliminate child poverty before the turn of the century. We should see Head Start as one of the strategies in that broader vision, and not as an end in and of itself.

Therefore, we are going to have to work together to deal with a broad range of problems, because it is absolutely unacceptable that a child dies from poverty every 53 minutes in our rich country. We need to ask ourselves and our political leaders — and create a movement strong enough to make them respond — why we, in a so-called wealthy, democratic nation, let our infants and toddlers be the poorest citizens when we know that poverty makes children more likely to be born too small, to die, to be sick, hungry, and malnourished, to fall behind in school, and to cost their families immeasurable suffering and taxpayers billions in later remedial costs and lost productivity. How do we reconcile rampant child poverty and preventable neglect with the Biblical warning that "From those to whom much is given, much is expected."

While I am deeply concerned about poverty, which impacts on Head Start and on everything that goes on in our communities, I am equally concerned about violence, which we are going to have to respond to. The deadly, quick violence of guns takes an American child's life every three hours. Every two days we lose 25 children to guns; that is the equivalent of a classroom full, and I am sure that many people working in local service programs are seeing the effects of this violence in every community. I think we need to ask ourselves whether our social and moral development is so arrested that we cannot respond and hear and do something about the violence that is engulfing our children. I cannot believe, picking up the paper, that 2-year-old and 4-year-old children are being shot. And it is not even front page news in many cities.

What are we going to do about guns? According to the Senate Committee to Prevent Handgun Violence, every day 65 American men, women, and children are killed with handguns. In 1990, handguns were used to murder 13 people in Sweden, 91 in Switzerland, 87 in Japan, 22 in Great Britain, 68 in Canada, 10 in all of Australia, and 10,567 human beings in the United States. A new handgun is produced in America every 20 seconds, but even handguns cannot kill or injure fast enough for the nearly one million private owners of semi-automatic weapons. I do not care whether you are a researcher or a policymaker or a service provider — everybody has to speak out this year to stop the killing of children and the proliferation of guns, which is making our inner cities and all of our communities absolutely unacceptable places to live. The deadly combination of guns and gangs, drugs, poverty, and frightened, hopeless youths is turning many of our inner cities into Vietnams of destruction, and our neighborhoods and schools into corridors of fear.

Prison walls are bulging with 1.1 million inmates, which make us the leading incarcerator in the world, yet violence continues to escalate. For thousands of our inner-city youths, the American dream has become a choice between prison or death. I was astonished to hear a young Latino in Los Angeles say to a CNN reporter some years ago, "I just hope I can grow up and go to prison and not be dead." I wonder what the world has come to when that is what the American dream has come to for so many young people.

I do not know how long you have been in town, but two or three days ago on the front page of the *Washington Post* there was a story that confirmed what my psychiatrist friends have been saying as they hear young children — young boys, particularly — in inner cities talk about not "*when* I grow up" but "*if* I grow up." I had heard inner-city psychiatrists say that they overheard children playing games and those games were funeral. But the *Washington Post* really documented how many young children are actually planning their funerals, because that is how prevalent violence is in many of their neighborhoods. I look back to how scared I used to be in Mississippi, healthily so, in the 1960s and how difficult that was. But we were not paralyzed by that fear, because we had hope, we had purpose, we had a community of mutual support.

When I think back to that period and how I felt as an adult with a positive purpose, with hope, with a community of support and try to translate that into the lives of 3 and 5 and 10 year olds who experience chronic violence every day, chronic stress from drug-driven and gun-ridden neighborhoods, I think we are creating something here that is unprecedented and profoundly immoral, which spills over into our early childhood centers and into our family life. We have got to begin to do it, so I hope we will help Sarah Brady get that Brady Bill through. But we have got to have an absolute ban on handguns and semi-automatic weapons. It's just time to say, "Enough!"

What do we do? The first thing is that we all commit to joining a crusade to "Leave No Child Behind" and to ensuring a healthy start, a head start, a fair start, and a safe start for every child. We can do that by coming together in a strong movement; a new struggle has got to arise in our land to stop the neglect of children. Every one of us — private and public citizens, people in Congress in Washington and state legislators around the country, and all of us in our congregations and local communities and professional networks — must personally and collectively struggle together to reclaim our nation's soul and give our children back their hope, their sense of security, their belief in America's fairness, and their ability to dream about, envisage, and work toward a future that is attainable and real. We need a crusade in this decade that is about the future and not about the past. We are not trying to reinvent the '60s; this is the '90s. New alliances must transcend the old conservative and liberal, Democrat and Republican, big government and private sector labels. We all must come together again to put the social and economic underpinnings beneath the millions of white and black and brown children and families left behind when the progress that began in the 1960s, and in which Head Start played such a crucial role, eroded and died on the altars of Vietnam and economic recession in the '70s and the misguided priorities in the '80s.

We have got to struggle together again to be more caring and tolerant and to replace "I" with "we" and "them" with "us," and to let everybody understand that it is not just poor and black children who are at risk today. I am as worried about a lot of middle-class, and upper income children, white children who, like their poor and minority counterparts, are so adrift that they have turned to drugs, including alcohol. We ought to talk about tobacco and violence as well — the things that we market to them incessantly. They are seeking the self-worth that has been denied them by unstable family lives, by unchallenging schools, and by communities that give them too little sense of belonging and little positive purpose. I think our children see too few adults today who exemplify and communicate clear, consistent standards of acceptable moral and civic conduct. Our children need all of us, and they need a nation that provides more positive role models who believe in service and sharing rather than power and money as the true measures of success. That must be the underpinning of our new movement for children in the '90s.

The second thing is that those of us who are engaged in policy and program discussions on behalf of kids must never, ever cede the values discussion to anybody else. We must all struggle to live our family values in both our private and public lives and insist that our leaders do so as well. This is not going to be solved just by programs, though programs like Head Start are crucially important. It is also going to be solved by people who are not hypocritical and who live what they say. Mr. Jefferson correctly stated that "Religion is not what we say; it's how we live." And so are values. We need to reinforce and strengthen family and moral and community values as crucial to the well-being of children. We must answer back those who make a false dichotomy between public and private values. For every private value there is a public value.

If we want parents — as we ought — to teach children the centrality of education and achievement, then we have got to make sure that schools are not unfair in their financing and have high expectations for all children. If we expect families to teach their children — as they ought — not to solve their problems with guns and violence, then we need cultural and media signals and public policies that demonize rather than glamorize violence. All of us ought to be out there speaking out against television violence, encouraging parents to turn those sets off. But you just cannot tell parents what to do — you have to put something better in place, and that is why alternative programs and early childhood programs and weekend and summer programs are going to be crucial. So we have got to begin to talk about a new set of beliefs that we live as well as speak about.

The last thing I want to emphasize is the importance — since you are policymakers and researchers — of leadership development and training a new generation of leaders in the social skills that are needed for the 1990s. Obviously, good data, good data analysis, and using those data to get out there and reach, educate, and mobilize the public is crucial. Getting young people trained who understand the relationship between programs, policy, community empowerment strategies, and politics is important to put it all together.

If we are going to succeed — it is crucially important — it seems to me that the kind of people that you are need to be taking a very broad approach to how we view the new leaders that are going to be needed to speak up for children and families and forge the high quality, effective policies that are going to be needed. We have a new era here and a new opportunity over the next several years. We have got to use it fully, and we have got to do it right, while we are working very hard to implement new federal policies at the federal level — that's the easy part. How do you translate those new policies into high-quality, sensitive, comprehensive services on a scale that can reach and respond to the huge numbers of needy families and children at every level? If we don't do it right, we are not going to be saving the children whom we have got to save if our country is going to be strong in the new century.

Let me just end with a prayer — as I do all of my speeches these days. It is long work. There is nobody who is ever going to be able to pay you enough to keep you going, and we have to remind ourselves constantly that we are doing this because it is the most important thing that we could be doing in the world — and I believe that. I thank all of you who have been working such long years against the mountain. This has been a very long period, but the fact is that we have come out of it with Head Start alive and well and ready now for its next big growth spurt and improvement. And that comes from the commitment of so many of you who have stood there so long.

One of our chores in this new movement of the '90s is to stop the distinction that our country makes between our children and other people's children. All children are our children; all children are special in the sight of God and special as our Constitution promises them — at least in rhetoric and not in fact. So all of us, as we face the new challenges of the '90s, must begin to talk about respecting and protecting every child as God's promise of life in a wayward world.

I would like to say a prayer to the God of all children — the children of Somalia, Sarajevo, South Africa, and South Carolina, of Albania, Alabama, Bosnia, and Boston, of Kracow and Cairo, Chicago and Croatia. Help us to love and respect and protect them all.

O God of black and brown and white and albino children and those all mixed together, of children who are rich and poor and in between, of children who speak English and Spanish and Russian and Hmong and languages our ears cannot discern, help us to commit again and anew to loving and respecting and protecting them all.

O God of the child prodigy and of the child prostitute, and of the child of rapture and of the child of rape, of run- and thrown-away children who struggle every day without parent or place or friend or future, help us to love and respect and protect them all.

O God of children who can walk and talk and hear and see and sing and dance and jump and play and of children who wish they could but can't, of children who are loved and unloved, wanted and unwanted, help us to renew our commitment to loving and respecting and protecting them all.

O God of beggar, beaten, abused, neglected, AIDS, and drug- and hunger-ravaged children, of children who are emotionally and physically and mentally fragile, and of children who rebel and ridicule, torment and taunt, help us to love and respect and protect them all.

And finally, O God of children of destiny and of despair, of war and of peace, of disfigured, diseased, and dying children, of children without hope, and of children with hope to share and to spare, help us to renew our commitment to loving and respecting and protecting and speaking for and teaching and struggling and boding for each of them.

And, if we do, we will then begin to forge the kind of constituency in voice and ethic that will ensure that no child will be left behind in our country and our world. And there is nothing that is more important to do. I thank you for your commitment to achieving that goal for so many years.

Luncheon II

Keynote Speaker: Mary Jo Bane
Assistant Secretary for the
Administration for Children and Families

Mary Jo Bane, Ph.D., Assistant Secretary at the Administration for Children and Families at the Department of Health and Human Services, served as Commissioner of the New York State Department of Social Services from early 1992 until April 1993. From 1981-1992, she was a Malcolm Wiener Professor of Social Policy and Director of the Malcolm Wiener Center for Social Policy at the John F. Kennedy School of Government, Harvard University. From 1984-1986, Professor Bane was Executive Deputy Commissioner of the New York State Department of Social Services. She served as Deputy Assistant Secretary for Program Planning and Budget Analysis, Office of Planning and Budget, U.S. Department of Education, from 1980-1981. She was Associate Professor of Education and Lecturer in Sociology at the Harvard University Graduate School of Education from 1977-1980. Professor Bane is the author of numerous books and articles in the area of human services and public policy, including Gender and Public Policy: Cases and Comments, The State and the Poor in the 1980's, and Here to Stay: American Families in the Twentieth Century.

Mary Jo Bane: When Betty Caldwell came up to me before this meeting, she said, "I see you're starting to turn blond, too." I think that is a very graceful way of putting it, so I am going to remember that. I think it entitles me to tell an old-timers' story. I want to tell you this partly, I suppose, to establish my credentials as both a bureaucrat and an academic. I have been on both sides; I have been an academic and I have been in the federal and state governments. Now I am back with the Administration for Children and Families, but my first introduction to Head Start was when I was a graduate student. I was an editor of the *Harvard Education Review* at a time when the *Harvard Education Review* was publishing the review and critique of the Westinghouse Report on Head Start. I will never forget trying to extract that article from its authors for a deadline, but it was my introduction to Head Start research. I then went on and worked on the Head Start Planned Variation Evaluation and Follow-Through.

This is a very exciting time for Head Start, and I hope that you are also feeling, as a result of this conference, that it is a very exciting time for the research community to build together with Head Start a new partnership to take us forward into the next era. I hope that we will all go away from this conference committed to building that partnership. I want to talk here today first about why it is such an exciting time for Head Start; I will then talk a little bit about what my aspirations are for the partnership between research and program, and then finish by taking advantage of my standing — if I still have any — as an academic to make some additional comments.

We really do think this is an exciting time in Head Start's history. The President, as you know, is committed to investments in families and children and has made a firm commitment to expand Head Start over the next several years. As you are probably aware, Secretary Shalala asked me to chair an Advisory Committee on Head Start Quality and Expansion to provide some guidance to her and to the Department on how to carry out the expansion that the Administration is committed to. We did not want to have an expansion effort that simply focused on numbers. We knew that we needed to recognize that the world in which Head Start is operating now is different than the world in which it came into being — a different world in terms of the needs of families, children, and communities, and a different world in terms of the array of institutions and program that are available in communities that Head Start needs to work with. So we saw this expansion as an opportunity to expand not just in numbers but also in quality, in flexibility, and in responsiveness to the needs of families and children.

The Committee has been meeting over the summer. It held a meeting earlier this week. At that meeting we went over the draft report and agreed on a number of themes and directions that we think Head Start ought to be taking over the next several years. Let me talk about them here briefly. Then you will have more of a chance on Sunday to talk with Joan Lombardi about the directions of the report and provide her with ideas and suggestions. The Committee's report is very much in draft form, and we see this not only as an opportunity to talk about the recommendations we are thinking about, but also as a way to genuinely get a reaction to these recommendations from you.

The report has three themes, each of which is very important. The first theme is the theme of striving for excellence. The wording of that is important. We are not talking about a theme that says, "Get rid of the bad apples." We are not talking about a theme that says, "Let's make sure we have an adequately good program." We are talking about striving for excellence in Head Start. The second theme is the theme of expanding to better meet the needs of today's children and families. I want to come back to some of the ideas the Committee had about that, but the theme here is expansion — not just expansion in numbers, but expansion to be more responsive to needs. The third theme is the theme of forging new partnerships between Head Start and other communities. One community, of course, is the research community. We also want to talk about forging new partnerships between Head Start and the day care community, between Head Start and the schools, between Head Start and health-serving institutions, between Head Start and all those institutions in the community which desperately need to work together to meet the needs of today's families and children.

Let me go back and pick up some of the ideas under those broad headings. The Committee is urging us to adopt a strong agenda that emphasizes not just quality in the minimum-standard sense, but strives towards excellence in Head Start. Head Start is really a remarkable program. I described it the other day to somebody as a cottage industry in that it is decentralized in tens of thousands of centers around the country, and yet it is bound together by a common sense of purpose, a common mission, and a common set of ideals for working with children, families, and communities. Now, when you are talking about tens of thousands of centers, hundreds of thousands of children, and hundreds of thousands of adults working with those children, are there going to be some that are not so good? Yes, probably there are. Do we need to worry about that? Yes, we do. But we also need to worry about how to keep making the program better, how to make the programs in those tens of thousands of classrooms genuinely excellent — excellent for the parents, excellent for the children, and excellent for the community. You all have dozens of ideas about how to do that. You can work with Head Start programs in your own community and with us to make sure that we really strive for the stars here and that we really try to build the very best programs — the programs that our children deserve.

A second topic that the report will cover and that we will want to talk about with a lot of different communities is an emphasis on a strategic and community-based approach to expansion. Today's families and communities are very different. They are very different in the strengths they have, the problems they encounter, and the institutions that are available in communities. I know it is perfectly obvious to you, but sometimes some of these obvious things bear repeating. Head Start ought to be developing and expanding differently in different communities; what is right for one community is not always right for another community. There are some communities that may need to expand much faster than other communities into full-day/full-year programs. There are Head Start grantees that may be able to build links with other institutions in the community because those institutions are more responsive than they are in other places. There are communities where the Head Start program can be the central institution, or where it can be one player among many in a community. We would like to develop a strategy for expanding Head Start over the next few years that recognizes that diversity and gives some flexibility to communities and to Head Start programs to expand in the ways that are most important and necessary for the community and the families they serve. That means that we are not likely to have strict guidelines on "x" number of children, "x" number of full-day/full-year slots, or "x" number of links to other community services. That is going to make some people nervous. It is going to make me nervous, because it is going to be harder to see exactly where we are going. But it is the right way to do it. It is right to say we need to do an assessment of the needs in each community and respond to them. And we are going to be working very hard to develop a strategy that will help make that happen.

There is a theme in the report on responding to the diversity of family needs as well as community needs, including reaching out to families with younger children, children younger than the 3 and 4 year olds whom Head Start has traditionally served. Why do we want to start an initiative with Head Start that deals with families with younger children? I think the reasons are pretty obvious; everything that we learn and everything that we know says that development is a continuous process. Working with children over a longer period and starting at a younger age is likely to be more effective. We all see in Head Start families some of the terrible stresses that many families experience — stresses brought about by changes in the economic structure, changes in family structure, and so on. We all see children coming into the Head Start programs whom we look at and say, "You know, it is really too bad that contact was not made with that family before this." We need to make contact to help the parents get through the early years, to help the children develop more appropriately, to get health care, and so on. It is because of that need that the Advisory Committee is advising us, and we will be advising the Secretary, to reach down to younger children. The reason that we have to do this very carefully is that it is also clear that the model that works for 3 and 4 year olds is not necessarily going to work for younger children. There is a lot of creativity in the Head Start community and in the early childhood community for developing different models of working with families with infants and toddlers. Again, I repeat, we do not envision a single model; we must go slowly and carefully in this expansion so that we do it in the ways that are the very best for the families and children we serve. We also need to do it slowly and carefully because, very frankly, there is a resource trade-off. Money that we spend on serving infants and toddlers is not going to be available for serving 3 and 4 year olds. It would be nice if the pot were unlimited for Head Start, but I would not be an honest woman if I stood here and promised you that that would be the case. So we are all going to have to work together to balance directions and needs. I believe that what that means for the initiative for young children is that we will, in fact, want to move slowly in a phased way, learning as we go, developing the programs to reflect what we learn.

The report also mentions other kinds of partnerships at the community and state levels. One of the things that was most exciting to me about the Head Start Advisory Committee is that we had genuine participation and joint work between the education community and the Head Start community. Some Head Start people have asked me why I am talking about fade-out. They say it is not our fault. Fade-out is the job of the public school. We are perfect; the schools just have to change. This turns out not to be the most perfect approach to getting school people on board. Therefore, I was really pleased that in the Committee and in various partnerships that we are developing across the department, we have had much more of a conversation which says we are all committed to the development and education of children from the time that they are 3, or even younger, through school age. Those in education are thinking about how to try to improve the schools and feel that they are learning a lot from what we know in Head Start. We also must say, "Yes, we need to work better with you to make sure that the transition works, that we are in communication, that we are doing everything we can to work together." It is only if that spirit of cooperation carries over from the Head Start Committee to our ongoing working relationships with education departments to ongoing working relationships at the community level between Head Start centers and the local public schools that it is an enormous opportunity — an enormous opportunity because of the concerns about improving education at the same time that we are trying to expand Head Start in ways that are responsive to the needs of communities.

There is also a theme in the report, you will be pleased to know, that lays out a strong role for research — research and evaluation — in supporting and stimulating and guiding Head Start into the next century. We have to learn as we go through the next five years. I suppose all of us are struck by two things when we look at the research. One is how much we have learned, how much we do know, how much creative thinking has gone on in the field, and how much farther we are than we were in 1965 when the founding parents put Head Start together. Two is how much we do not know at this point. When we ask ourselves the questions about what we know about whether full-day Head Start is more effective than half-day Head Start, whether full-year Head Start is more effective, whether two years are better than one, or about what kinds of transition programs are most effective, we just do not know enough. My hope is that as part of the Head Start expansion over the next several years, we can genuinely learn as we go along; we can watch what we are doing, document it, work together, not be afraid to find things that do not work, be very proud of things that do work, but be honest about what we are finding and build a joint research/program development effort to keep it going. What that means is that partnerships between the research community and the Head Start community, like the partnerships that are being developed in this conference, are really important.

I hope that as you think about these partnerships you will think about them very much as a two-way street. Sometimes I think we are a little bit too narrow in the ways we talk about the relationship between research and policy, or research and programs. I remember that when I was wearing my academic hat at conferences on research and policy, I was convinced that the policy people were saying one of two things to me as a researcher: either would you please go out and do research that proves that the program that I am running works really well and does not have any faults, or would you please go out and do research that tells me whether I should have 18 children in my classroom or 21, and whether I should have three toys or two. When I was wearing my academic hat, my reaction to hearing both of those was, "Thank you very much. I have better things to do than to do research that has a predetermined conclusion or to do research that does not seem very important to me." In my policymaker/bureaucrat hat, I now find myself many times on the other side of the table and tend to hear academics saying that the only thing they are interested in is 25-year follow-ups and that they would be delighted to come back in 25 years and tell me what works. And I say, "Not actually! I would actually like a little something more practical if you could manage it!" I am characterizing, but not completely, and I am characterizing partly to say that the research and program/policy communities live in different cultures, and there are lots of important distinctions between those cultures. Both of them are weird in their own way. We have to recognize that there are certain things that the academic culture does not want to or will not be allowed to do. There are certain constraints that policymakers and program managers are under where the time horizon is either 24 hours or 4 years, depending on precisely what you are looking at, but it is a much shorter time horizon than academics have. I mention these not to say that it is impossible for the two cultures to get together, but to say that what needs to be developed are genuine partnerships where researchers and program operators are committed to working together to learn.

One of the new buzz words in management theory is a set of concepts about the "learning organization." The concept is that every organization, every program, every company that is going to be successful needs to be able to learn from its environment — to change itself, to change what it does in systematic ways based on an assessment of the environment. It needs to get information, learn what works, change itself, and keep trying. What a perfect model for what the collaboration of program and research ought to be in a program like Head Start! We ought to have that kind of learning partnership — not just at the federal level where we give out grants, but also, and even more importantly, at the local level, where there is so much to learn together about how to make the programs work better for children and communities. Also, there are lots of opportunities for breakthrough thinking. One of the other things that sometimes frustrates academics is the notion that the only thing that policymakers are looking for is very practical research that is going to help them the next day either justify a program or make an improvement. That is really not so. We recognize that some of the most important contributions to policymaking and to programming have come from research that does not start off being about something specific, but which contributes to our general understanding of children, our general understanding of community institutions. Therefore, we want to encourage that kind of research and a genuine partnership between the research community and the Head Start program and policy community.

I think we can do it; I think we will have terrific opportunities over the next couple of years. I am genuinely delighted to be in a position where I can help make some of that happen. I have a lot of faith that, as you go out of this conference, you will be working together to help realize these opportunities for children and families in America.

Audience Questions

Question: Can you say something about what you foresee as being the kind of funding for research related to Head Start in the coming years?

Mary Jo Bane: Not enough. I actually cannot, and I do not want to commit anybody or make any promises on that. In some ways my flip response, though, is the correct one. There is always a tension, obviously, between dollars for research and dollars for program, but I think you will find this administration as responsive as any to the importance of investment in research and evaluation. You can be assured that there will be some money for research. But I doubt that it will be enough to do what we want, and what that is going to mean is that we are going to have to be very careful and very strategic about how we invest those research dollars to get as much as we can in knowledge from limited dollars. I also think it means that there will need to be a lot of creativity, especially at the local level, in developing ways of learning that are not wildly expensive.

Question: We are hearing talk from the Administration about responsiveness and new beginnings. How long will it be before we see anything at the local level, where mothers and children are waiting to get into Head Start programs?

Mary Jo Bane: That is exactly the right question. That is exactly the right challenge for us. I hope and believe that you will see some changes this coming year, that you will see it in the ways we shape the next expansion: more flexibility and more responsiveness. It is going to be a process that cannot take place all at once. We are committed to working on it.

Question: What are the primary questions for the research agenda over the coming years?

Mary Jo Bane: I am going to leave that to you folks; I really am. I can give you a not-very-well-informed sense of the kinds of things that I think would be useful, but I actually think the right answer is that the things we need to know are the things that the research and program communities identify together as being the most important things to know, both about child development, community and family interaction, and program strategies that work.

Question: I am delighted to hear about the rapprochement between Head Start and the day care world. I would like to ask what specific steps are being considered now to improve this communication and to improve the collaboration.

Mary Jo Bane: This is going to be a difficult one to take on, because, to some extent, there is competition between the day care world and the Head Start world, and we might as well just admit that straight on. But I also think that both communities need to see the next couple of years as an opportunity to start working together, because they have to, because there are too many needs, there is too little money, there is too little time, and too little talent. We simply cannot afford to spend it fighting with each other. I think we are going to be looking for a variety of creative ways to bring that about. The [Advisory] Committee, for example, has talked about ways that institutions can come together. The Committee has also been very clear that collaborative arrangements need to follow the Head Start Performance Standards, and I agree with that. With that commitment to the kinds of standards that Head Start incorporates, there are going to be lots of ways that we will be able to build those partnerships.

Question: How are you addressing the needs of rural communities?

Mary Jo Bane: One thing — we will need to hear from the community. We certainly want to keep in mind that rural communities have different needs than do urban communities, just as urban communities have different needs from each other in terms of what direction that expansion should take for that particular community.

Question: At two different programs, I heard speakers say that the primary mission of Head Start is to build social competence. In another presentation I heard the speaker say the mission of Head Start is to prepare children for school. Now the two are very closely related, but they certainly could have a little different focus — for example, the goals of the Department of Health and Human Services compared to the goals of the Department of Education. The lack of a curriculum subcommittee of the Advisory Committee is of interest to me. We need to understand which programs prepare children for school and which have not worked.

Mary Jo Bane: Yes. I think the languages of the two departments are probably not as far apart as they may seem at first glance. The historical formulation of the mission of Head Start has been in terms of social competence. That seems to be an appropriate focus for children — not just their academic or school-going roles, but their roles as members of communities, as people who have emotional and social needs as well as academic needs. At the same time, I suspect there would be a lot of agreement that for children to be genuinely ready to learn, which is the way the first education goal is formulated, they need to be socially competent and not just intellectually competent. Therefore, although I understand the different emphasis that comes from the different language of social competence on the one hand and ready-to-learn on the other, it seems to me that when you actually get down to it — sit down together a good Head Start person and a good school person and ask them what should actually happen — there would be lots of agreement. There would be lots of agreement on the need to build the various competencies, to build self-esteem in children, to build their ability to deal with adults and with each other, to relate to each other, to accomplish tasks, and so on. It just does not seem that there is all that much difference between the two formulations.

Your plea that we need to start learning from good models and bad is exactly right. I think we have made a good start. There is real hope for being able to do that.

Plenary I

On the Front Lines: Federal Contributions to Head Start Research

Five federal leaders who have encouraged and enhanced Head Start research were recognized. Awards were given to Lois-ellin Datta, Edward Zigler, Saul R. Rosoff, Wade F. Horn, and Clennie H. Murphy, Jr., in recognition of outstanding federal leadership in support of Head Start Research.

Lois-ellin Datta

In 1968, after two years as a volunteer with National Capitol Head Start, Lois-ellin Datta, Ph.D., joined Head Start when it was still part of the Office of Economic Opportunity. With the formation of the Office of Child Development (now the Administration on Children, Youth and Families), she became Chief of the Head Start Evaluation Branch. She subsequently became Director of Teaching and Learning Research at the National Institute of Education, where she continued to support research in early childhood. In 1982, she became Director for Program Evaluation in the Human Service Areas of the U.S. General Accounting Office. Dr. Datta is currently President of Datta Analysis and Vice President for Research of the Foundation for Human Service Studies.

Lois-ellin Datta: I sing today of research questions and research utilization. And I am really here as an ambassador from 40 Head Start teacher aides, teachers, family educators, health services staff, and directors of the Early Childhood Development Program on the big island of Hawaii.

When I first heard about the conference, I thought about "research into practice," which could mean research into what we should be doing in national policy or research into the practice of research and the development of knowledge. But then I thought about a more everyday question, which is, "How does research help a Head Start teacher, a Head Start teacher aide, a Head Start family educator to fill whatever gaps he or she may feel there are between the Performance Standards, the ideal goal, and what they are capable of actually doing. In other words, "What knowledge are they hungry for?" So I called the director of Head Start, told her that if she wanted to, I would be their eyes and ears at this wonderful conference and try to get answers to questions they hoped research could answer, that they were yearning to have filled, and to bring any other messages to the movers and the shakers of this Head Start world.

If that Head Start staff could be with me today — and they would all be wearing a mumu like this one — they would be asking these questions. And I'm not going to overgeneralize. I represent one program, 40 people who are eager to hear about what research has to tell us to help them do their jobs better. I have in the handouts the full list of their questions, but I want to give you some illustrations so that you get a sense of what they want to know.

The first message is from the eyes: how to engage hard-to-reach parents whose involvement is minimal due to inability or reluctance. What is the typical level of adequate involvement? What is the range nationally? What strategies have been tried, and what does research tell us are the things that work and don't work and the kind of return in terms of increased involvement we can expect to get from different strategies? Another example: what is the evidence of differences among curricula? Do curricular differences, such as more and less structure, really make any difference? If so, what are these differences, and for which children? And if the research says there are not any meaningful differences, can we then use whatever we want? As a third example — and this is just a sample of their questions — what happens to special needs children after they leave Head Start? We put a lot of effort into children with special needs. What is the best way to make their transition successful? Any models? Any studies? This group of 40 Head Start staff are eager to hear what research can tell them to help them do their jobs better — not necessarily what we want them to learn.

The second message is from the ears: we aren't hearing you. There is a disconnect between what research may have to say and anything they recognize as a message from research that will help them do their job better. Now, I want to be very careful to make clear that I am not saying that the leadership at Head Start or the Early Childhood Education Clearinghouse or institutions of research utilization are not trying. What I am saying is that 40 people told me loud and clear that they cannot hear. Here are a couple of specific examples. Example number one — and this may be part of the reason why they are so hungry for knowledge: they are mourning the dismantlement of the regional offices, the lack of travel funds for staff who could, on a one-to-one basis, talk to them, share information, answer their questions, and be a conduit of information. Example number two: two years ago we had a wonderful conference, the first national Head Start Research Conference. A thick book of the proceedings came out. One person of that 40 knew about the conference. That person did not know those proceedings had come out. When I gave her my copy of the book, she sort of looked at it, gulped, and looked for an index, hoping it was more user-friendly than it looked. This group said they had not heard anything as a result of the conference that they could use in their daily work. So much has been recently learned about research utilization. There is such an opportunity for Head Start to be the veritable flagship of how to make this happen to improve programs.

The third message is from the mouth: the staff asked me to convey their thanks, their deep, deep appreciation to the researchers and the leaders, such as Ed Zigler, who have been administering Head Start, for all they have done to help heighten awareness of the importance of children and families, and the importance of meeting their needs. They know it has not been easy. They know Head Start's very existence has been fragile. And they know the value of the research that you are doing. They thank you from the bottom of their hearts.

As we say in Hawaii, *mahalo nui loa*, thank you very much. And they wanted that message to come across loud and clear, with a little P.S.: keep up the good work and do not let Head Start's money be cut.

I'd like to close by adding my *mahalo nui loa* to all of you and to the Head Start committee, and to share with you their last message of *aloha*, which needs no translation.

Edward Zigler

Edward Zigler, Ph.D., Sterling Professor of Psychology at Yale University, Director of The Bush Center in Child Development and Social Policy, and Head of the Psychology Section of Yale's Child Study Center, was a member of the National Planning and Steering Committee of both Project Head Start and Project Follow Through. In 1970, he became the first Director of the Office of Child Development, where he led the efforts in conceptualizing and mounting such major programs as Health Start, Home Start, the Education for Parenthood Program, the Child Development Associate Program, and the Child and Family Resources Program. Professor Zigler is the author or editor of 20 books and has produced over 400 scholarly articles. His most recent publications include two books on Head Start, Head Start: The Inside Story of America's Most Successful Education Experiment and Head Start and Beyond: A National Plan for Extended Childhood Intervention.

Edward Zigler: What that means is that I have been around for a very, very long time. It is no secret that when I came to Washington to become the first Director of OCD [Office of Child Development, now ACYF] and took on the stewardship of Head Start among my duties, I was a researcher. When I left Washington, I went back to my research work. So I am much more a researcher than I have ever been a public servant. I need people like Saul Rosoff to teach me that. Research is really very important in the Head Start story. This fact stood out for me in writing the history of Head Start — I guess it's now my second history, because believe it or not, I edited a Head Start history with Jeanette Valentine about 15 years ago, called *Project Head Start: A Legacy of the War on Poverty.* So I keep rewriting that history. I will get it right one of these days. But research is very, very central to the enterprise — not only for its feedback loops to better practices and directions for better programs, but the very existence of Head Start can be traced to good research. I emphasize *good* research. We went through a period in the early '70s, following the Westinghouse Report, that almost ended Head Start. That study was, I think, a very bad one, criticized very acutely by Lois-ellin Datta, Donald Campbell, and other good methodologists. It was all we could do for two or three years to keep Head Start alive. By the same token, a very good, well-planned longitudinal study by the Cornell Consortium, which crosswalked the longitudinal data of the time, I believe, rescued Head Start. So I continued. At the time of the Westinghouse report, I had some doubts about whether we should be doing research at all. But my faith in research was rekindled by the Cornell data. And I do continue to track research in this area, and much of it is very good.

Just a few remarks about where we should be going in research. If I were to criticize research work around Head Start, I would make one major point. Head Start from its inception — and I was there at the very beginning of its planning — has been a two-generation program. Unfortunately we have evaluated it as though it were a one-generation program. We have looked only at the child, and the child's progress in school, and his or her well-being. How about the parents? How about that second generation that also receives so much of our time and effort in Head Start?

We are indebted to Urie [Bronfenbrenner] for his ecological approach. He was developing that in the early days of Head Start. We knew early on that there was no way of helping the child without working with the parents. Of course, we have models like the Carolina Abecedarian Project and the Milwaukee Project, which are based on the opposite approach — that you can take a child away from the family and do your magic on that child. The wisdom of Head Start was the recognition that the way to go is with a family orientation, working with the family, because that is where the child's developmental course is shaped. Yet, in all of the research, we see so little evaluation of the families and what they gain. A very important exception to this is Faith Lamb Parker's excellent dissertation on the effects on parents of their involvement in Head Start. So there are some exceptions, but not very many.

Now, there are certain implications of a two-generation approach to research. If, indeed, we are getting the effects of Head Start because of parental involvement, what that is saying is, "Gee, the program's success rests not on how well it reaches the child, but on how well it reaches the child's parents." But if that is true, and that is what we are accomplishing, then we have always under-appreciated the impact of Head Start. If we have actually changed the mother or father, then that parent ought to be a better socializer of children who never see the inside of a Head Start center. Therefore, I would recommend designs in which we look at the siblings of Head Start children to see if indeed they are doing better than the siblings of comparison group children. I think this avenue of research is especially promising because of some very recent data that have come to my attention. Victoria Seitz and her colleague, Nancy Apfel, evaluated the family support project done by Sally Provence and did indeed find sibling effects.

I do not think we have gotten the credit we deserve for the impact that Head Start has had on the child's health — physical and mental health — and nutritional status. We have a new, very surprising body of work, to which I contributed a review that will be coming out soon, that will help illuminate these areas. When we started Head Start, we were talking about little 4-year-old children. We were thinking about better school performance. We did have at least the notion that better physical health would help the child in school. Unfortunately, most child development types somehow think physical health belongs to the pediatricians and we should not ever go into that area. That is why I made such a point in my definition of social competence to put health as the first of the four indices.

But what we are finding in a number of studies that I have reviewed for a piece in *The American Psychologist* is that graduates of some early intervention programs wind up as young people who show less delinquency and criminality. I have just looked at the new 27-year report of the High/Scope study. The program saved over $7 for every $1 spent, and most of that savings is in less criminality and victim costs. However, most of us do not have the time to do a 27-year follow-up study. So what I would recommend is looking at those early indicators — early best predictors of later delinquency and criminality, early conduct disorder measures, and so forth. I think there will be a gold mine found there. I recommend to you a recent article by Hiro Yoshikawa, who has just done a wonderful *Psychological Bulletin* review on the effects of early intervention programs on later delinquency.

I have been trying to keep up with the literature on resiliency, but there is no research in this area with Head Start groups. Why do some children make it, even in the face of the terrible poverty and violence that we see in America today? It is much tougher to be in poverty today than it was when we started Head Start. Yet, we still find resilient children. If we could figure out what the characteristics of that resilience are, that would give us some leads. The work that seems most interesting to me is the work that indicates that locus-of-control may distinguish resilient adolescents in poverty from those less resilient. Therefore, that looks like a very promising variable to me, one that we might trace the development of in young children as they begin Head Start to later in the school years.

There are other variables that we have not even begun to look at. We could take leads from other non-Head Start studies. I would like to look at the birth patterns of parents in Head Start. We have the Sally Provence data that Vicky Seitz and Nancy Apfel have mined for us so well in their 10-year follow-up. One of the most striking discoveries is that the experimental-group mothers had half as many children as did the controls. Half as many. Very dramatic findings. And the children are doing well in school. I do not know of one single study looking at birth patterns in Head Start parents. This is what is so interesting about prevention work like Head Start; you don't know what you are going to prevent when you start.

Also, we should look directly at what we have done with parents. How many of these parents have gotten jobs? We know this anecdotally. We know it is in the tens of thousands over all these years. Did you know that one third of Head Start employees are former parents of current or former students? What have we done with parents to improve their welfare status, their educational status, and so on? We should have, by now, a stronger applied approach to get at these questions.

I was recently a member of the Advisory Committee on Head Start Quality and Expansion. Our final report will be coming out soon [The report was released in January 1994.]. This audience will be particularly pleased with the emphasis in that report, thanks to Sheldon White and others, that champions continued research in Head Start. This thrust is long overdue. In the deliberations of the committee, I was struck by simple straightforward issues that we should have had data on by now. Is two years of Head Start better than one year? You do not need to be a rocket scientist to do a study comparing children who have had two years versus one year. After 30 years of Head Start, why do we not have such data? Although most of us might assume that more is always better, without supporting data this poses a real problem. If you give some children two years, that means other children will get none, because there is only enough money to go around once. Where is the evidence that says some child cannot have any Head Start because two years is necessary to make the program work? I can go on and on about data we do not have. Is a half day better than a full day? Is a full day better than a half day? What about the impact of various curricula? One of the very important studies in Head Start that Lois-ellin Datta supervised in the early days was called "Planned Variation," which compared different curricula models in Head Start centers. She did a magnificent job, but that was a long time ago. The measures that we had were not terrific. One reason there is no standard curriculum in Head Start is that we had no empirical evidence that one curriculum is better than another. But the field is more mature today. If we could find such evidence, then we would have some rational basis for making Head Start better everywhere. So there is a lot of practical research that certainly should have been done. And it is rather embarrassing to all of us that it has not been done in a period of almost 30 years.

I will conclude by talking about the infrastructure of research in Head Start. The Advisory Panel for the Head Start Evaluation Design Project looked at literally hundreds of studies on Head Start and found them to be so heterogenous that they did not form an organized database. We must fix that or researchers will just be spinning their wheels. Sometimes you have to go backwards to go forward. In the early days of Head Start, in Julius Richmond's time, even before I came in, we set up around the country a whole network of Head Start research centers preparing young people to work in Head Start using common measurement. I would like to see a network of research centers of that sort re-established in America so that we have a trained group of people who are not just responding to RFPs, which is our usual *modus operandi*, but are actually making a firm commitment to continued study, to building programmatic work.

Well, I have had my say. I am an old Head Starter. It is always a delight for me to come and see old colleagues. Many, many friends are in the audience. To me, Head Start has really been the high point of my professional life. I am one of those people who has long argued that research is not just to fill up pages in child development journals. Research is to make the lives of children better. I am a pragmatist in that sense. I believed it a long time ago. I believe it today. And I have dedicated my entire life to utilizing research to make the lives of children better. The fact that the work that many of us have done impacts 700,000 poor children in Head Start daily is very meaningful to me. I get a lot of satisfaction out of it. And all of you should get a lot of satisfaction out of it, too. So I congratulate you on what you have done for children.

Saul R. Rosoff

> *Saul R. Rosoff was appointed as Deputy Director of the Office of Child Development (OCD) in 1970. Prior to that, Mr. Rosoff served for 15 years in numerous managerial positions in the U.S. Public Health Service, Department of HEW. During that period, he became Staff Director of the State-Federal Task Force on Costs of Medical Assistance and Public Assistance. In 1972, Mr. Rosoff assumed the position of Acting Director of OCD until 1975, when he again assumed the role of Deputy Director. During his tenure, he firmly established Home Start, CDA, Developmental Continuity, and the Community and Family Resource Program and the Performance Standards.*

Saul R. Rosoff: We have heard the story of Head Start's founding and the magnificent legacy that was left for the program to continue when in August of 1972, Dr. Zigler returned to Yale. His tenure marked a period of intensive examination of Head Start and planning for its future. I became Acting Director. What remained was an agenda of studies left by Dr. Zigler for development and implementation that would make a difference to the history of Head Start, to what was happening to children in Head Start, as illustrated by Home Start, The Child and Family Resource Program [CFRP], the CDA, and a wide range of undertakings that, in fact, have influenced Head Start and the lives of children to this day. There was an agenda of studies, and we were to make it a reality.

What I will be speaking about are some of the reality factors. Our task in part was to insure the integrity of the effort. We were all civil servants. We represented many skills. We were professionals in the fields of research, child development, child welfare, and management. We were all committed to the Head Start vision. The betting on the street, I think, at that time, left it an open question as to whether we would make it or not, whether Head Start would survive. But we all had had a marvelous mentor in Ed Zigler. We personally realized what Ed had meant to us and what his presence had meant. We recognized — I was trying to think of a term last night, if there is such a term — "societal ecology." We talked of ecology, we talked of where we were, the elements of our surroundings, such as Congress, the university community, the Administration setting of which we were a part, and the multitude of community groups concerned with the welfare of children and Head Start. We took stock of where we were. We recognized the need to build continuing relationships with the research community. We felt that this was very crucial. And there were continuing contacts with Ed Zigler, with Urie Bronfenbrenner, with Sheldon White, and with Julius Richmond. Their experience and their knowledge and advice served as an invaluable assistance to us in carrying out our tasks.

As for our internal operational style, we would have numerous meetings to look at research and evaluation proposals and other items. We would look around the room and say, "We need to broaden the presence in the room." And we would ask Clennie

Murphy and Soledad Arenas and others to come in. Soledad had done magnificent work with us, in terms of Hispanic translations and Hispanic concerns. We all sat around and urged people to criticize and to be constructive to make a better program. We were a marketplace of ideas.

As I mentioned, we also built ties to numerous outside constituencies, because we were determined that we would not operate in a closed environment. In fact, if anything, we operated in a fishbowl. The doors were open and continued to be open. Research was not something that was just our personal property. It was the property of the country, and it was the property of groups whose lives were being affected by what we were doing. We worked with the Children's Defense Fund and Marian Wright Edelman, with the Black Child Development Institute and Evelyn Moore, and with others who served as marvelous persons to keep us alert and open. We worked with groups representing migrants, representing Native Americans, and representing Hispanic concerns. This was a commitment that we made, and I believe that we kept, to the betterment of the program.

We built another feature, a very important feature. We built bipartisan political support. Bipartisan political support is a very important factor in the continued success and viability of Head Start. In Congress, we had hearings on our plans and progress. And Congress was and, as it has shown, still is very interested in the research being done in Head Start and the progress of the program. They were friendly, but a bit challenging. They always wanted to know what was being done in Head Start. What were we trying to achieve? How were we trying to move the field forward? Also, they were interested in management. They were constantly asking, "How are you managing?" A key factor that was very useful in our dialogue was the fact that we had put into place performance standards. We were not merely saying, "We are giving out money, and that is good in itself." We were concerned with what we were trying to accomplish. We explained performance standards in detail, several years in a row, and it helped to build a sense of confidence in the program and in our stewardship.

Also at that time, we were fortunate to have a friend of Head Start, Assistant Secretary Stan Thomas, as well as Secretary Weinberger, who were personally interested in the program, had visited centers, and had helped fend off some very serious attacks on Head Start. And, of course, later we had Secretary Califano. We were very fortunate in the structures of support. Even the Government Accounting Office (GAO) liked what we were doing in research. Before reauthorization hearings, GAO released a report commending us for our research planning and for the fact that we identified issues, goals, methods of achievement, and pointed out our work as a model of approach to research planning, program planning, and implementation.

Aside from budgetary items, I made only one request during that whole period. I wanted to be able to say that some day Head Start would, in fact, truly be nationwide, that Head Start would continue to be a bipartisan program, and that Head Start would someday be like Social Security in terms of national acceptance.

I want to make just two other comments. One is that an important new undertaking occurred in the latter '70s, and that was the Cornell Consortium. Dr. Irving Lazar at Cornell and Dr. Edith Grottberg, who headed up our research, looked at long-term effects of Head Start and early childhood intervention. The results of this research made a major difference in terms of how we were perceived. The second comment is in terms of future directions. There is an untold story in Head Start that I would like to mention. Generally, we speak to the concerns and the needs of children, the needs of families, the needs of the program. But Head Start is more than that. Head Start is the making of a positive contribution to the country. There are numerous individuals across the country who are leaders in terms of innovation, in terms of entrepreneurship. The best entrepreneurs in this country can be found in the Head Start community. There is a Head Start leader in Texas, Ruth Marshall, who runs a $20 million Head Start program in the best entrepreneurial business fashion. She knows how to broker and bring a variety of resources together, both public (i.e., governmental) and private (i.e., business). She is, in fact, a model for us. There is a Head Start leader in New Jersey who manages a major Head Start program. She has brokered loans from banks for housing, filling a crucial need. Perhaps we need to tell that story to the country — that there are these people, and many, many others throughout the country — so that we will recognize that Head Start makes a major contribution to the country, as valuable as those to children and their families.

In closing, I wish to thank the National Council of Jewish Women and the Society for Research in Child Development for the honor they have bestowed on me today.

Wade F. Horn

Wade F. Horn, Ph.D., was the Commissioner of the Administration for Children, Youth and Families and Chief of the Children's Bureau within the U.S. Department of Health and Human Services from 1989-1993. Dr. Horn also served as a presidential appointee to the National Commission on Children from 1990 until 1993. Dr. Horn is currently the Director of the National Fatherhood Initiative and is an affiliate scholar with both the Institute for American Values and the Hudson Institute.

Wade F. Horn: I have to be honest. I think the only person more surprised to see me here this morning than Ed Zigler is myself. Usually, as a former Bush administration appointee, when I come into Washington, I have to wear a wig and dark glasses. So I am truly honored that I have been invited not only to attend this conference, but actually to be honored by this conference. I know that the topic of this morning's plenary session is to talk about future research and to give recommendations for how the research agenda should proceed. But I believe it would be somewhat presumptuous of me, as a Republican, to tell a Democratic administration what to do with their research agenda. And perhaps even a bit superfluous. Therefore, I thought what I would do mostly with my few moments is to reflect upon my experience, and allow those who are now in the position to make decisions about the future direction of research gain a little bit from my experience.

When I first came to Head Start, I had three goals. The first, and the most important, was to increase the number of children who were being served by Head Start. The second was to enhance services for adult family members of children enrolled in Head Start, that is, to increase the focus on parental services. The third was to reinvigorate the research agenda within Head Start. Now, I knew the first goal would be relatively simple. I had served on the working group during the 1988 Presidential campaign that developed the idea that one of the things that George Bush should stand for was increasing the funding for Head Start. You remember that campaign. That was the one where I was happy the next day . . .

I also was reasonably assured that we would be able to do the second goal, that is, to enhance services for adult family members, because I knew with the amount of money that was likely to come to Head Start, there certainly would be some I could syphon off for new initiatives. When I got in as Commissioner, I met Clennie Murphy, who taught me this wonderful little mechanism within Head Start that allows us to fund all sorts of things. It is called "carry-over balances." And he would come to my office and say, "Wade, don't worry. We've got plenty of money. We've got plenty of money."

It was the third goal that I was concerned about, that is, how to reinvigorate a research agenda within Head Start. The major problem I faced was that the last major research activity launched by a Republican administration was the Westinghouse study. So I knew there might be some who would perceive a Republican appointee instituting a research agenda as having a different underlying and unspoken desired outcome, which would be to, in some way, do away with Head Start. So I knew I had to overcome that perception. And so I decided to do two things. First, I decided to make lots and lots of speeches saying over and over again that Head Start works. I was able to do that because I believed it. I believe that Head Start works. I know it does. I come from the field of psychology where we have all-night parties if we can demonstrate that two months after psychotherapy ends, there is still an impact on a client. So when I came to Head Start, they were saying, "Gee, there is a real problem with this program, because three years later, or even worse, 20 years later, these 4 year olds do not show the impact of Head Start." And I said that it was really very difficult for me to understand that perspective. So I made speech after speech from my heart, saying that Head Start works.

But I needed to do something more. What I decided to do was to pick a fight with a prominent critic of the Head Start program. My chance came when a writer for *Science* magazine called me up about six months into my tenure as Commissioner, and said, "There is an article that people are quoting. It is called 'Beyond Metaphor: The Efficacy of Early Childhood Education Programs,' by a fellow-Republican of yours, who says that Head Start may not quite do the things that you have been saying it does." Now, at the time, I did not know the author personally. We have become good friends since then. After all, we are the only two Republican psychologists in the entire country. So we formed a support group. My response to that *Science* magazine reporter was, "Ron Haskins does not know what he is talking about." Now, I knew that would get back to Ron. If you know Ron, you would know that Ron would then spend the next three years saying why Wade Horn does not know what he is talking about. Inadvertently, what he would be doing is giving me credibility, in terms of my conviction that Head Start does work.

Now, the second problem that I faced was how to get the money for research. That was no small feat. Head Start was, at the time, a $1.2 billion program, and I figured I had lots of research money to play around with. I called in the ACYF Evaluation and Research staff, and I asked them how much money we had to implement a research agenda. I was told by Esther Kresh that, for all intents and purposes, I had $400,000. I thought she was kidding. I said, "You lost a zero someplace. You must mean $4 million." She said, "No, no, no! You really have only about $400,000." So I asked her who I had to get permission from in order to get more money for research. Esther gave me a three-letter response: OMB. Now, at that time, I did not know what OMB was, so I did not know why I needed their permission. I mean, I was the Commissioner, after all. And she said, "Oh, no, no, no. They run things in this town, and that is where you have got to go to get the money." Well, I had a problem there, because OMB was committed to the President's pledge of enrolling more and more children into Head Start, so they wanted to use every penny to do that. And that was not a terrible, awful thing. But I just wanted a little bit of money for research, you know, a little bit more than $400,000. What I did was to take an incrementalist approach, rather than asking for the full amount that I thought was necessary — which, by the way, I consider to be about $20 million annually in the Head Start budget if we want to do a reasonable job of pursuing the kinds of things that Ed and Ellin have talked about here this morning. I knew if I went to OMB and asked them to give me $20 million, they would have wondered a little bit about the wisdom of having appointed me, and they would have looked deeper into my background and would have discovered that the entire rest of my family are actually Democrats. So the first year I asked for a small little $2 million increase in the Head Start research budget, and they approved it. Then I got cocky and the next year I asked for $5 million in additional funds, and they approved that. The next year, I asked for $3.5 million, and they approved that. So by the time 1992 rolled around, we had $12 million in Head Start's budget for research. Now, the plan was that in 1993, I would have asked for several million more, and in 1994, several million more. But you know where that two-term strategy went.

Now you know that I had a plan for getting the money and a plan for convincing people I really was not out to ruin Head Start by implementing a research agenda. Next, I knew I had to develop a plan for reaching out to the research community and letting them know that I was serious about getting this done. Here I will not take credit for this idea. This idea came from someone who is much smarter than I am: Esther Kresh. She came to me one day and she said, "You know, Wade, we really should have a conference. We should have a meeting of researchers and the Head Start community together, to let people know that we are serious about a research agenda." We were serious about that two-way communication that Ellin referred to. We were not just going to get academics together so that they could do research and publish in esoteric journals. Rather, there would be a true two-way communication between the community that provides the services and does the work and the research community that can be helpful in giving them knowledge about how to be more effective in the work they do. When Esther came to me and suggested this conference, I immediately saw the wisdom of the idea. I made only one change. I wanted to call it the "first"; I wanted to imply that there would be a second. And here I am, back in private life, at the second national Head Start Research Conference. From the bottom of my heart, I cannot tell you how pleased and wonderful and honored it feels to be here and to see all of you. And I hope that in 1995, when the third conference is held, all of you will notice the person in the wig and the dark glasses in the back of the room. I will be there cheering you on.

Clennie H. Murphy, Jr.

Clennie H. Murphy, Jr. is currently Assistant Deputy Commissioner for Head Start in New York City. In 1969 he became Chief of the Office of Regional, State and Community Affairs, ACYF, and in 1982, he served as Acting Associate Commissioner and Deputy Associate Commissioner of the National Head Start Bureau. From 1989-1991, Mr. Murphy assumed the position of Associate Commissioner, Head Start Bureau with the Department of Health and Human Services, where he managed the Head Start program, including the American Indian and migrant programs.

Clennie H. Murphy, Jr.: I received this award because I worked for all three of these folks. If you can work for all three of these folks and survive for 15 years, you deserve an award. I knew I was going to be last, so I had to plan something different. First, I want to say that I accept this award on behalf of all of my colleagues in the Head Start program from 1969 to 1991, because they helped me to be effective and survive my tenure.

I have to tell you why you are really here; I have to tell you the real story. I intend to write a book that will change some of the impressions of Mr. Zigler's text on Head Start. This morning, as folks were talking, I jotted down little notes that I feel I must share. First I will mention Esther Kresh. One needs the experience of working with Esther Kresh; that is very important. Secondly, Ed. I have to join Ed Zigler's mutual admiration society. I was with Ed Zigler at Stanford when assessment of the Westinghouse report and the design of another study were taking place. I was the one who went around the corner and called him on the telephone. He left the office where we were having a meeting to answer the phone. I said, "Hi, Ed." He said, "Hi, Clennie," and he hung up.

He went back to the meeting and said he had just received a very important call from Washington and had to leave. On our way to San Francisco, Ed said that he just could not take what was going on in the meeting. The group conducting the study did not really know what it was all about.

I was also with Ed Zigler when we were captured by parents in the San Francisco Bay Area program. Actually, we were set up by our own staff. As Ed and I walked up the hill toward the Head Start program, one of the local staff members told us that something unusual was going to happen and that we should be cool. Once we got into the room, all the doors were locked, and they would not let us out. I told the person who was running the program that we had a plane to catch and we really had to get back to Washington. They asked me what time the plane was scheduled to leave and then indicated that they would be glad to call the airport to tell them we would be arriving late. At the meeting, there was a young lady, about 70 years young, who got up and told Ed to go back and tell the President, who was then a Republican, that he should not have sent a boy out to do a man's job. Ed stood up, put on his coat, and spoke eloquently. This occurrence changed Ed Zigler. These are the kind of stories I am going to include in my book.

I was having lunch with Ed when he decided to change the delivery system for Training and Technical Assistance (T and TA). I was then sent out to protect the T and TA system in Washington, DC. During Ed's discussions with the regional folks, they gave him a more convincing argument to change the system than we had in Washington to protect the system.

I was dispatched to Mississippi along with the regional administrator from Kansas City and an agency lawyer to mediate a major political dispute between a grantee and delegate agency in regard to parent involvement. This trip was not to put the program out of business, but to keep the program rolling. That is why you are here today. You are here because there were administrators who cared. Ed left behind, with Saul Rosoff and the rest of us, a Head Start Improvement and Innovation Effort, a Child Development Associate program, and the whole idea of parents as decision-makers. Somewhere along the line in my experience I thought we had made a mistake by giving the parents the authority to hire and fire, approve or disapprove, the Head Start directors, but now I know that these were some of the best decisions we made. Parent involvement is the core of Head Start today. But Ed also failed, for example, in the first attempt to establish a health component within the Head Start program. It did not work, and I can tell you exactly how many pennies we put into the initial effort. However, Ed was big enough to admit that it was not working at that point; but he still maintained that it had to work. Now health is a major component in the Head Start program.

From 1975 to 1982, I had the unique responsibility of going a little further as chief of the office of Regional Affairs. Initially, I just carried out policy. Then I began to actually design the implementation of policy. During that period, we underwent the largest expansion in the history of Head Start, when Jim Robinson and many others were involved.

I was also the person in the Head Start Bureau who eliminated the Research and Development (R&D) program. As a person very strong in R&D, I had the responsibility to take the $3.5 million earmarked for R&D and use it to increase the number of children in the Head Start program. I also had the responsibility at that time to help reduce the number of staff members in Head Start while the focus was still to build social competency in children. So you see, working in the federal system carries a number of burdens. However, from 1982 to 1991, we started to do other things.

During the '80s, we found that more than half of our Head Start families had parents who were very young. More families were growing up and developing in violent, drug-infested neighborhoods. Many families were homeless, and many more were close to being homeless. The entire racial makeup of Head Start families was changing from predominantly black to Hispanic. The Head Start program began with approximately 55% black and 30% Hispanic families. It now has a larger percentage of Hispanics than it did before.

I need to pause here to say that if you have been in this program long enough, you would know where the money is. Ed Zigler started a program, along with Jim Robinson, working with minority researchers. I cheated, found some money, and continued to fund that effort. Now Research and Development is an ongoing element of the Head Start program.

I want to go back to a point that Saul Rosoff made about the General Accounting Office (GAO) liking us. You learn a little bit from everybody you work with. Saul had a habit of talking to everyone before the full meeting started. You would see him creeping across the street, or moving into places to say, "Now, just what are we going to discuss at the meeting?" When GAO came over to talk to you, to do reports, they were given an office. Saul made it very clear that they were to get the best office to work in. He also made it clear that he read the reports that were produced. Saul Rosoff was responsible for the favorable reports from GAO. Now, I have to tell you the real story about Wade Horn. And Esther, you get all the credit for this conference and convincing Wade to do it. When Wade offered me the Associate Commissioner's job, he said, "Clennie, you have been Acting Associate Commissioner so long and done such a poor job, I think you could do a better job having the job." So he offered the job to me. I promised him I would make sure he got more research money for Head Start. While he talked to Esther about the $400,000 he officially had for research, I want you to know that he spent $4 million until he formally got additional funding for research.

There are several areas that you have got to help us with. First, you have got to help us translate the research results into practice. Researchers must be able to talk to administrators. Next, you have to help us return to the philosophy of Head Start. We have lost it in some instances. Training is extremely important. We need additional research and training, specifically in staffing issues. Approximately 30% of our staff are former Head Start parents. Can they now, as staff persons, handle the difficult problems that Head Start parents are facing today? That is a monumental issue.

Finally, Head Start is much like a large corporation, with almost $3 billion in funding and well over 100,000 employees. We must be able to plan effectively, moving away from crisis management and establishing 3- and 4-year operational plans.

When I was in Head Start, I was very defensive. I did not want you folks from education involved in Head Start, because you were going to mess it up. And you still might. But I have changed my view of this. We must support our children as they move from Head Start into the public school system. We must also develop a strong relationship between child care and Head Start. We have to begin to look at the relationship between full-day, as Dr. Zigler talked about, and part-day Head Start and welfare reform.

When parents come to you with their multitude of problems, what do you do? An issue for consideration by the Head Start research community is whether the emphasis should be placed on parents or on children. You, the Head Start research community, can play a central role in our understanding of this issue. We have had an Achilles heel in Head Start: dissemination of the research results and the practical application of what we have actually learned.

Plenary II

Conceptualizing Diversity in the Study of Families

Chair:
Evelyn K. Moore
Executive Director
National Black Child Development Institute, Inc.

Presenters:
Donald J. Hernandez
Chief, Marriage and Family Statistics Branch
Bureau of the Census, Population Division
"Childhood Transformed: Family Composition and the Family Economy"

Arnold J. Sameroff
Research Scientist, Center for Human Growth and Development
Professor of Psychology
University of Michigan
"Risk and Resilience in Children: Identifying Targets for Service to Young Children"

Linda M. Burton
Professor, Department of Human Development and Family Studies
Pennsylvania State University
"Neighborhoods as a Context for Development among African-American Teenage Parents and Their Children"

Discussant:
Suzanne Randolph
Assistant Professor, Department of Family Studies
University of Maryland

Evelyn K. Moore: I join you really fresh from a wonderful Head Start experience; what is really important is that we connect the practice with the research. I want to share with you a little bit about an experience that I had just this week that I believe embodies much of what we have been working on and trying to infuse into our practice — valuable outcomes that our developmental experts have given us over the years. Two days ago I visited a school in Highland Park, Michigan. The name of the school was Courtland school, and I believe the Head Start program's director is here with us today. For those of you who have never heard of Highland Park, Michigan, it is the home of the Model T Ford, and it is actually an area inside the city of Detroit. If you didn't know you were in Highland Park, you would think you were in Detroit. But this is Henry Ford's — was Henry Ford's — little place, and he made his own little city. It is where the first Model T Ford factory is still standing. Subsequent years have seen a devastating decline in this urban community, and in many blocks it looks like a war zone. There are crack houses, houses burned, abandoned houses, houses boarded up. You really feel that this seems to dominate the neighborhood.

Well, in walks Head Start. At Courtland school I saw a classroom that functioned using developmentally appropriate practices — which of course emanate from much of the work of Piaget. I saw children constructing their knowledge in the housekeeping corner and in the black corner, but what impressed me most was I saw mothers and fathers and grandparents volunteering in the classrooms. And they were part of a diverse educational family. I think Head Start should be applauded for this, because we have been reading a lot of bad news lately. And I just feel that this session is so important to me as we seek to expand the kind of programs that I saw in Highland Park.

Now, diversity is in; diversity is politically correct. Everywhere we go we sit around and talk about diversity, and we really do like to talk about it. But I believe the reality test for us lies in whether or not we take this kind of diversity climate and view it as a target of opportunity to further advance a supportive, more comprehensive family agenda in this country. We all know that the family is the basic unit of our society. It just makes sense that if we are to improve our society, we must understand and empower families, no matter what form that family takes. In other words, we must focus on family function rather than family format. At the same time we must empower parents — those parents who do not even live with their children. Children need both mothers and fathers.

In our community, the community I represent, we often hear only about the mothers. Boys and girls need fathers and mothers to realize their potential, to learn how to live together, and to model positive behavior. At NBCDI (National Black Child Development Institute) we have been working very hard to sharpen our ability to support and empower families. Two weeks ago some of you in this audience joined us in a meeting to explore ways that we could do this better. I was very pleased with the number and caliber of individuals who attended our meeting — all clearly recognizing that immediate action is needed. And if we don't believe this, just pick up the *Washington Post.* Today our nation is facing unprecedented challenges. These challenges, I believe, demand accurate and comprehensive data and sophisticated analysis of the characteristics of all family types.

This is the first step — assisting and supporting parents to prepare their children to be contributing members at the dawning of this 21st century. I also believe that a positive conceptualization of diversity in the study of children and families will contribute substantially to the elimination of sexism, racism, classism, and other stereotypes contained and found within human development systems.

Accurate information is critical if we are to dispel the myths that prevent reasonable people from respecting each other. Our discussion today is intended to put aside the deficit model, examine the facts, and explore the strengths of diverse families both in structure and in styles.

Donald J. Hernandez: What I would like to talk about is how both the quality of life and the future prospects of children are profoundly influenced by the resources available from children's families, the government, and the economy. Because of revolutionary changes in the American family, society, and economy during the past 150 years, an understanding of how the current circumstances of children came about and of what the future may hold is possible only by examining historical changes.

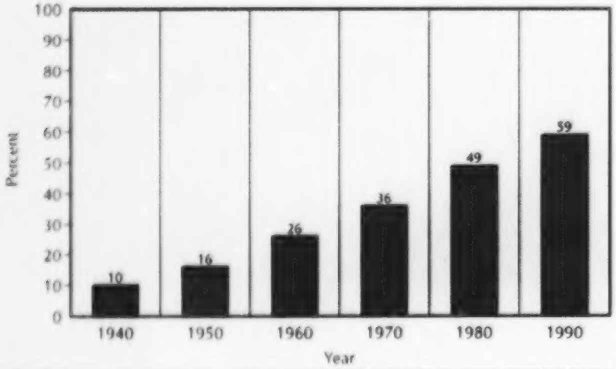
I will do three things. First I will present statistics, documenting some of the most important of these changes. Second, I will discuss fundamental causes from the perspective of children and their parents. Third, I will discuss potential implications for public policy. To do this I draw mainly on my recently published monograph, *America's Children, Resources from Family, Government, and the Economy.* I will focus especially on fathers' work, on mothers' work, on fathers' and mothers' presence in the home, and on family income and poverty. These features of family life are critical in determining the amount of parental time and the economic resources available to children.

During the 100 years preceding 1940, there were three main ways for parents to improve their relative economic status for themselves and their children compared to other families. First, they could move from farms to cities where fathers could obtain higher paying jobs in the expanding industrial economy. Second, they could restrict their family size to a comparatively small number of children so that family income would be spread less thinly. Third, they could obtain higher educational attainments, providing access to higher paying jobs in the industrial economy. Many parents gladly adopted these approaches to improve their relative economic status, while others felt compelled to do so to keep from falling too far behind the families that were taking advantage of these opportunities. Once it began, the decline in the two-parent farm family was extremely rapid. In 1830 nearly 70% of children lived in two-parent farm families, but this dropped to less than 30% by 1930. During the same 100 years, children living in nonfarm families with breadwinner fathers and homemaker mothers jumped from only 15% percent to a majority of 55%.

This revolutionary change in the family economy was accompanied by an equally revolutionary drop in family size. In a short 65 years, from 1865 to 1930, the median number of siblings in the families of adolescents plummeted from 7.3 siblings to only 2.6 siblings per family.

Similarly, revolutionary increases occurred in school enrollment and educational attainments. Since the children of today are the parents of tomorrow, this led to enormous increases in parents' education. By 1940, however, the first two sources of upward economic mobility had run their course for many families. Only 23% of Americans lived on farms, and 70% of parents had only one or two dependent children in the home. In addition, most persons achieved their ultimate educational attainments by age 25 because schooling beyond age 25 was difficult, costly, or impractical.

Figure 1
Proportion of Children with Mothers in the Labor Force: 1940-1990



With these avenues to improving their families' relative economic status effectively closed for a large majority of parents after age 25, a fourth major avenue to improving family income emerged between 1940 and 1960 — namely, paid work by wives and mothers. By 1940 the revolutionary increase in school enrollment had effectively released mothers from personal child care responsibilities for a time period equivalent to about two thirds of the hours in an adult workday to about two thirds of a full-time adult work year — except for the few years before children entered elementary school. This led to enormous increases in mothers' labor force participation after 1940, as shown in Figure 1. Immediate economic insecurity associated with fathers' lack of access to full-time employment also made mothers' work attractive.

Figure 2

Proportion of Children Living with a Farther Who Works Less Then Full-Time Year-Round: 1940-1990

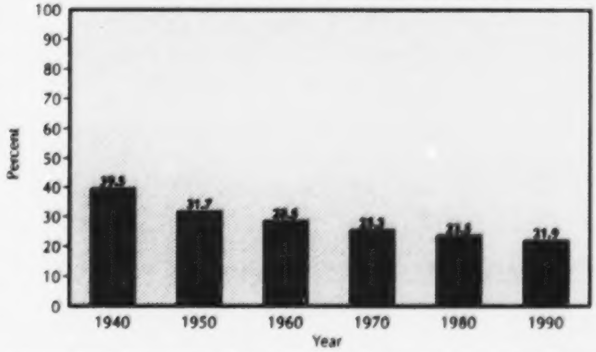


Figure 2 shows that 40% of children in the Great Depression year of 1940 lived with fathers who did not work full time, year-round. While this proportion declined after the Great Depression, it has continued at high levels. In 1950 and 1960, 29% to 32% of children lived with fathers who did not work full time, year-round. Even with the subsequent expansion in mother-only families — with no father present in the home — which I will discuss in a moment, the proportion of all children living with fathers who did not work full time, year-round was 22% to 25% during the past two decades. Throughout the era since the Great Depression, at least one fifth of children have lived with fathers who, during any given year, experienced part-time work or joblessness. This has been a powerful incentive for many mothers to enter the paid labor market.

It has also been a major source of instability in the environment of children — instability which, as Urie Bronfenbrenner pointed out in his opening remarks in his keynote address, can have very negative consequences — harmful consequences for children and their parents and their families. Another long-term trend, but one that did not accelerate and become prominent until the 1960s, was the historic increase in divorce. There was a remarkable, steady eightfold increase in divorce rates between the 1860s and the 1960s. Three noteworthy but short-lived interruptions occurred in conjunction with the two world wars and the Great Depression. Why did this historic, long-term increase occur? On preindustrial farms, fathers and mothers had to work together to sustain the family. With a nonfarm job the father could, if he desired, depend on his own work alone for his income. He could leave his family but take his income with him. At the same time, in moving to urban areas, husbands and wives left behind the rural small-town social controls that once censured divorce.

More recently, with the revolutionary post-1930 increase in mothers' labor force participation, the economic interdependence of husbands and wives was weakened further. A mother with a job could, if she desired, depend on her work alone for her income. She could separate or divorce the father and take her income with her. In addition, economic insecurity and need associated with erratic or limited employment prospects for many men also contributed to increasing divorce rates, as well as to out-of-wedlock childbearing.

As William Julius Wilson has argued, for example, young black men have especially suffered from economic insecurity and joblessness since the 1960s. And this, in turn, has fostered increases in out-of-wedlock childbearing among black women. As a result of sharp increases in divorce and out-of-wedlock childbearing, the proportion of children living with their mother, but with no father in the home, has tripled from 6% to 8% between 1940 and 1960, to 20% by 1990. It was not until after 1960, however, that the historic increases in divorce led to increases in children living in one-parent families. The reason is that, historically, increases in divorce were simply counterbalancing historic declines in parents' death rates. Both historically and today, however, large proportions of children spend at least part of their childhood with fewer than two parents in the home because of their parents' death, divorce, or out-of-wedlock childbearing.

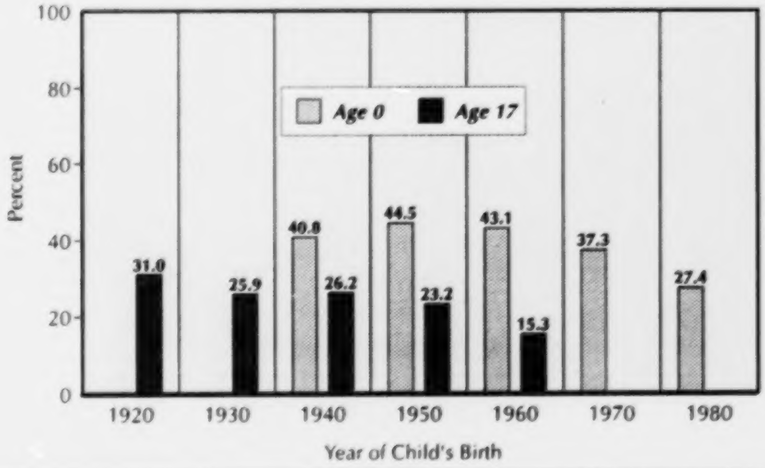
For white children born between 1920 and 1950, for example, a large minority of 28% to 34% spent part of their childhood living with fewer than two parents. In addition, this proportion was about constant for white children born between the late 1800s and 1920, since the historic decline in parental mortality was counterbalanced by the historic increase in divorce during the 100 years spanning the 1860s to the mid-1960s. Projections indicate, however, that the proportion spending time in a family with fewer than two parents will increase to about 50% for white children born since 1980.

Among black children born between 1920 and 1950, an enormous 55% to 60% spent part of their childhood living with fewer than two parents. And again, additional evidence indicates that this proportion was roughly the same for black children born since the late 1800s. That is an incredibly high parental mortality rate for blacks in those earlier times. Projections indicate that this will rise to about 80% for black children born since 1980.

What do these results about insecurity in fathers' employment, increases in mothers' employment, and parental presence in the home imply for the family situation of children? One surprising and, I believe, enormously important, implication is that never since at least the Great Depression have a majority of children lived in the idealized "Ozzie and Harriet" family, where the father worked full time, year-round, the mother was a full-time homemaker, and all the children were born after the parents' only marriage. As Figure 3 shows, even among children under age 1, a majority since 1940 have not begun life in an Ozzie and Harriet family. Since at least the Great Depression, even for newborn children, the 20th-century ideal of family living has been a myth. For any single year, the reality has been that more than one half of children born into families did not conform to this ideal — because the father worked less than full time, year-round; because the mother was engaged in paid employment; or because not all the children were born after the parents' only marriage.

Figure 3

Children in Ozzie and Harriet Families at Ages 0 and 17 for 1920-1980 Birth Cohorts



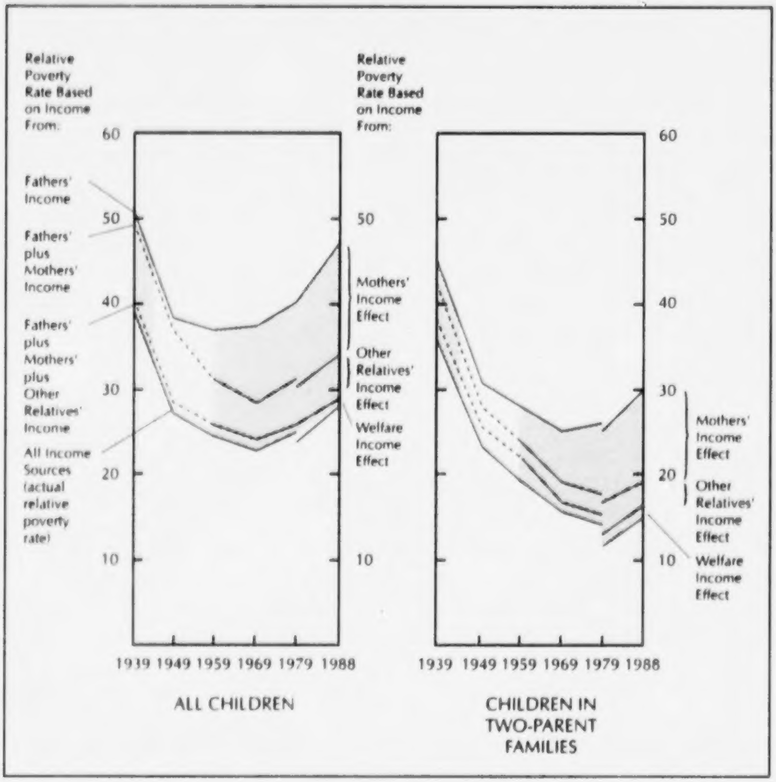
Now I would like to turn briefly to how the economic circumstances of children have changed since the Great Depression. Median family income more than doubled during the 26 years from 1947 to 1973. During the next 17 years, however, between 1973 and 1990, median family income increased by a tiny 6%, despite the enormous jump in mothers' labor force participation.

Because of the enormous increase in real income and the real standard of living between 1940 and 1973, social perceptions about what income levels were normal or adequate changed substantially. The relative nature of judgment about what income level is adequate or inadequate has been noted for at least 200 years. In the *Wealth of Nations*, for example, Adam Smith emphasized that poverty must be defined in comparison to contemporary standards of living. He defined economic hardship as the experience of being unable to consume the commodities that "the custom of the country renders indecent for creditable people even of the lowest order to be without." More recently, and using language that we are more familiar with, in 1958 John Kenneth Galbraith argued that "people are poverty-stricken when their income, even if adequate for survival, falls markedly behind that of the community. Then they cannot have what the larger community regards as the minimum necessary for decency, and they cannot wholly escape, therefore, the judgment of the larger community that they are indecent; they are degraded. For in a literal sense, they live outside the grades or categories which the community regards as respectable."

Based on these insights and Lee Rainwater's review of existing U.S. studies and his own original research, I have developed a measure of relative poverty, relying on poverty thresholds set at 50% of median family income in specific years and adjusted for family size. The relative poverty rate among children dropped sharply after the Great Depression, from 38% to 27% between 1939 and 1949. The 1950s and 1960s brought an additional decline of 4 percentage points, but by 1988, the relative poverty rate for children had returned to the comparatively high level of 27% that children had experienced almost 40 years earlier, in 1949. This is more than one quarter of children.

To what extent can these changes in childhood relative poverty be accounted for by income received from government welfare programs, and to what extent can these changes in childhood relative poverty be accounted for by changes in income provided by fathers, mothers, and family members other than parents in the homes of children? Figure 4 provides an answer to these questions both for children as a whole and for children in two-parent families. Figure 4 shows several hypothetical relative poverty rates. The top line shows what the relative poverty rate would be for children if only the income of fathers in the homes had been available. The second line from the top shows what the relative poverty rate would be for children if the income for fathers and mothers in the home had been available and that was it. The third line from the top shows what the poverty rate would be for children if the income of fathers, mothers, and other relatives in the home had been available. And finally, the bottom line shows the actual relative poverty rate, including the income from all relatives in the home and income received from welfare programs of AFDC and Social Security. The top line in each half of Figure 4 shows the following: if children had had only the income from fathers living in the home, then the relative poverty rate would have fallen sharply during the 1940s as we came out of the Depression, much more slowly or not at all during the '50s and '60s, and it would have increased substantially during the '70s and '80s.

Figure 4
Relative Poverty Rates and Effects of Parents' Income and Government Welfare: 1939-1988



NOTE: Separate estimates of income from mother and government welfare not available for 1949

Source of Figures 1-4:
Donald J. Hernandez, "America's Children, Resources from Family, Government and the Economy,"
New York: Russell Sage Foundation (1993)

The difference between the top two lines shows the additional effect of income from mothers living in the home. The results show that increasing mothers' labor force participation acted to speed the decline in relative poverty during the '40s, '50s, and '60s. And it tended to slow the subsequent increase in poverty that occurred during the '70s and '80s. In fact, by 1988, 14% of all children depended on their mothers' income to lift them out of relative poverty. And 11% of children in two-parent families depended on mothers' income to lift them out of relative poverty. The difference between the second and third lines down shows the additional effect of income from other relatives in the home.

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The results show that, except during the Great Depression year of 1939, income from relatives other than parents in the home acted to reduce the relative poverty rate by a nearly constant and comparatively small 4 or 5 percentage points for children as a whole, and by a nearly constant and even smaller 1 or 2 percentage points for children in two-parent families.

Finally, both for children as a whole and for children in two-parent families, the results indicate that the welfare programs of AFDC and Social Security acted to reduce the relative poverty rate for children by a stable and small 1 to 2 percentage points in any given year. Hence, the role of these two welfare programs in reducing relative poverty among children has been quite limited throughout the era since the Great Depression. Despite revolutionary change in parents' work and family composition since the Great Depression and despite large changes in income and poverty, there has been remarkable continuity in the main features of welfare dependence and self-support among relatively poor children's families during the past half century. Again, the measure of welfare dependence that I use here is that at least one person in the child's home received at least some income from AFDC and Social Security over the past year.

Overall, from the Great Depression to the present, relatively poor children have been much more likely to live in fully self-supporting families than in fully welfare-dependent families. There have been changes, however. The proportion of relatively poor children living in fully self-supporting families declined somewhat from 60% to 70% between 1939 and 1969 to 50% during the 1980s, while the proportion living in fully welfare-dependent families increased from about 7% in 1959 to about 18% during the 1980s. Throughout the era since the Great Depression, then, a large minority of relatively poor children have benefited from welfare programs. But at least one half of relatively poor children lived in working poor families that were fully self-supporting.

On this panel, I have tried to do two things. First, I have presented statistics documenting some of the most important changes in the lives of children with respect to fathers' work and mothers' work, and hence the family and economic resources available to children. Second, I have discussed fundamental causes of these changes from the perspective of children and their parents. In short, I have tried to portray the historical context for understanding the quality of life experienced by children today. These results show an enormous amount of economic and family instability in the lives of children, especially today. Again, I would like to ask you to think about Urie Bronfenbrenner's discussion of the potentially harmful consequences of such instability for children.

Before closing, I would like to discuss very briefly potential implications of my research for major public policies beyond the obvious ones of requiring absent fathers to provide child support. Free public education for all children through elementary school and subsequently through high school led to revolutionary increases in the knowledge and skills of children and workers. These advances contributed greatly to the historic economic expansion associated with the Industrial Revolution and hence to the resulting multiplication of family income levels. Public support for education beyond high school has been limited, and, as everyone knows — as those working in the Head Start program know — public support for education at the pre-elementary school ages has been still more limited. In view of the important historic role that public support for elementary and high school play in fostering economic growth, further extensions of public support to both higher and lower levels of schooling can also be expected to have very beneficial effects. In addition, it appears that a substantial minority of mothers with young children would seek employment or work more hours if preschool care were available at a reasonable cost. Hence, additional public support for a pre-elementary school education might help raise the income level available to many children.

With regard to the economy itself, minimum wage laws influence the extent of income inequality by setting a lower limit on the amount of income earned by many low-income workers. And tax laws influence income inequality by placing a lesser or greater tax burden on persons and families who have comparatively high or comparatively low incomes. Changes in these laws could benefit the economic situation of poor children.

Finally, public policies that provide cash or noncash benefits, such as Aid to Families with Dependent Children, food stamps, and their predecessors have helped a substantial minority of children and their families through difficult economic times from the Great Depression to the present, even though it lifted very few out of poverty. However, the effect of these programs on the poverty rates, as I said, for children and families has been small, especially compared to the generous welfare and insurance programs of other major developed countries.

Similarly, public service-oriented programs such as Medicare and Medicaid have made essential health services available to many poor children and families during recent decades. The coverage is, at least in this point of history, as we all know, far from universal. Expanded, improved, and new public policies in each of these areas might greatly enhance the quality of life and the future prospects of children to become happy and productive adults.

Arnold J. Sameroff: Head Start is a program famous for its achievements in providing a positive experience for the children who pass through the program. Although there is clear documentation of the beneficial effects to the children while they are in the program, positive changes in the ultimate state of these children have not been so well described. The fact that all of the children who experience the Head Start program do not go on to happy, healthy, productive lives is not surprising to those of us who have observed the living conditions and the school systems into which they graduate.

During this presentation I wish to make two points that will help us to understand better the long-term outcomes for these children. The first point is that the Head Start experience is only one facet of the lives of these children, and if the other facets are working against us, it is very difficult to make a major change in the life circumstances of these children. The second point is that each family that enters the program is different, and that is where we are concerned with diversity. A single intervention may be right on target for some children but completely off the mark for others.

What I will conclude from these points will not be surprising to any of you: first, that the Head Start movement needs to take a realistic view of what can be done for overburdened families; and second, that there must be an analysis of the situation of each family to assess where Head Start can make an impact and where other agencies must come into play.

The issues that we are concerned about in the development of children — and part of the reason we want to do these intervention programs — is to prevent a variety of bad outcomes. Among these are retardation, hyperactivity, mental illness, and whatever else, whatever bad thing one wants to put on the list. And we base it on a model that if we want to prevent these kinds of things, we have to understand where they come from. Now, in general there have been two different approaches to the kinds of causes of child problems. One kind is the constitutional approach that says that if a child ends up having problems later on, it is because there is something wrong in the child. The other kind of approach is the environmental one that says if a child has problems later on, that it is something to do with the experience of the child.

And we know the kinds of variables that fit into these categories. Constitutional characteristics are biological ones, like the heredity that a child carries — possibly the damage caused by childbirth experience or reproductive complications. These are opposed to the environmental ones, in which we are talking about environments that cannot provide enough support for the development of the child. The question then arises as to how we can examine the effect of these two factors.

I used to think that as scientists we could explore how these different factors interact. I recently learned by reading *Science* magazine, which is the interdisciplinary magazine for all scientists that covers all the disciplines, that I was wrong. Daniel Koshlin, who is the biologist who edits this journal, in its last editorial pointed out that scientists know that all behavior comes from the brain. Now there are some nonscientists who believe that things like bad parenting, poor environments, and evil spirits can cause problems to children. So if you thought that we are scientists up here and you are professional deliverers of service down there, it turns out you are wrong. We are all nonscientists. We have all made a big mistake.

If one wants to put this issue in a scientific nutshell, here are some longitudinal data from a research project by Ronald Wilson — the Louisville twins study — in which he followed the development of children, in this case, from birth to 6 years of age. What he looked at was the intellectual achievement of these children for the first 6 years. He related it to two factors: two constitutional, biological factors (the birthweight of the child and the gestational age) and two environmental factors (the mother's education and the socieconomic status of the family).

What you see here is a picture that during the first year of life there are very strong relationship between the child's performance on daily scales and the child's biological condition — that is, birthweight and gestational age — and almost no relationships to mother's education and socioeconomic status. But sometime during the second year of life, there is a crossover, and the effect of biological conditions becomes continually reduced until it only picks up a small amount of the variation in behavior of these children. But the effects of socioeconomic circumstance and mothers' education become quite important, and even dominant, in how these children are turning out. If one pays attention to this relative weighting of biological and environmental factors , it looks like the period with which we are concerned — the preschool period — is an important area for examining the effects of the environment.

We have been doing a longitudinal study — my colleagues and I in Rochester, New York — called the Rochester Longitudinal Study, which examined some other longitudinal consequences, and here are our data for the first 4 years of life, which look very similar to the Louisville data. If one looks at socieconomic status during the first year of life, there is no difference in the developmental scores of children in any social class. But as children cross into 2 1/2 years and 4 years of life, then these differences begin and become very pronounced and continue throughout later development.

I was impressed with Dr. Hernandez's presentation earlier because he presented us statistics based on the whole population of the United States. We are somewhat more humble; these are data from 200 children, but, hopefully, we are examining them a little more intensively and can begin looking directly at the effects of the variables that Dr. Hernandez discussed.

Socioeconomic status is not very satisfying to developmentalists. We use something called the Hollingshead scale, which essentially is a reflection of the occupational prestige of a family. That is, if you are in a high-SES level, which actually has a low number, 1 or 2, you have university or postgraduate education and you are in a major professional or big administrative, executive position. As you drop down into social classes 4 and 5, you move into semiskilled or unskilled labor and high school degrees or less. Now that does not tell us very much about the lives of children, because what we are concerned with is what people in different socioeconomic statuses do differently with their children — how the children are being affected in these environments. We divided our study into a number of risk factors that we thought were associated with socioeconomic status, but were not the same as socioeconomic status. We chose 10 variables from our study on the mental health of the parents and divided each one of them into a high-risk group and a low-risk group.

If a parent had had two or more contacts with a psychiatric facility, we felt that was a risk for children. If their anxiety was in the highest 25%, based on test scores, we felt that was a risk factor. Parental perspective was their knowledge about development, and if they were among the 25% who had the lowest knowledge, we felt that was a risk factor for raising children. We observed mother-child interaction in the home during the first year of life. The 25% of the mothers who talked to their babies the least, who touched their babies the least, and who smiled at them the least — we felt that was a risk factor. If the parents had no high school education, we felt that was a risk factor. If the occupation of the head of household was semiskilled or less, we felt that was a risk factor because of the lack of economic resources in the family. If the minority status of the family was nonwhite, we felt that was a risk factor because of prejudice and segregation in our society. If there was a single parent with no other father figure, or no father in the home, or no other adult to take care of the child, we felt that was a risk factor. The 25% of families that had the most of these risk factors — suffering stressful life events like illnesses, losing jobs, moving — we felt that was a risk factor. And finally, family size. If there were four or more children, we felt that was a risk factor because it required you to divide the resources of the family into smaller units.

What you will observe in this list is that it is not an SES list; it is not a socioeconomic status list. That is, you could have a very wealthy family and have four or more children, or have life event stresses, or have fathers not in the home. So this is not the same as SES. On the other hand, if we look at low-SES families, that is where we are going to find most of these risk factors.

If you take any one of these risk factors — and we looked at the outcome for our children when they were 4 years of age — and relate it to their intellectual achievement, it turned out that the high-risk group had significantly lower IQs than the low-risk group. But the differences were on the order of 5 to 10 IQ points. In families with zero risk factors, the children averaged about a 118 IQ at age 4, as opposed to families with seven or eight risk factors, where the IQ was down around 85. So this is more than 2 standard deviations. What this says about our risk factor is that if you are a family that has minority status, or if you are a family that is poor, or if you are a family where a parent has mental illness, or if you are a family where the head of household is not in a high-paying job, we will not expect to see any problems for those children. That is one risk factor.

That does not do anything. The issue comes when you are a minority status family *and* there is no husband in the household *and* there is no income *and* there are four children. What we have to be concerned with are these multiple-risk families. And the more of those risks, the worse the outcomes for these children.

We have divided the sample into a low-risk group with zero or one risk; a middle-risk group with two or three risks; and a high-risk group of four or more risks. And what you see here is that in the high-risk group, 22% of the children have IQs below 85. In the low-risk group, none of the children has an IQ below 85. In the low-risk group, 60% of the children have IQs above 115. In the high-risk group, it is only 5%. So in doing this risk analysis, one gets quite dramatic differences between families — between children being raised in high-risk families and children in low-risk families.

Nine years later we go back to the sample when the children are 13 years of age, and we examine the same variables. We have our 10 risk factors, and we rate each family on the risk factors. We add them up and there is the same 2 standard deviation difference. Children in families with no risk factors are averaging an IQ of 115, and children in families where there are six or seven risk factors are down below 85 again. So the same risks that are having an effect when the children are 4 are still having an effect when the children are 13.

One of the issues that we are concerned about here is resilience. Do children change over time? One way of examining this resilience is to look at families that have changed the number of risk factors from age 4 to age 13. What we would expect is that the children in families that go from low risk to high risk should be doing worse. And in families that go from high risk to low risk, the children should be doing better. And what we see here is that for children who are in families who went from a low risk at 4 years to a high risk at 13 years, there is a drop in IQ of 18 points. Children in families that were high risk at 4 years and now are at low risk increased their IQ by 12 points. So here is dramatic evidence for the effects of these environmental risks and what we can see when these environmental risks change.

Okay, that is very impressive. How many families changed from high to low and from low to high? Well, it turns out one family went from high risk to low risk and one family went from low risk to high risk. What this says is that families do not change very much. When we examine these risk factors over time, we are looking at correlations of about .80. The vast majority of these children who are in high-risk families at 4 years are still in high-risk families at 13 years. As we have gone on to look at their further development, they stay the same way at 18 years of age.

We have now examined the school behavior of these children from kindergarten through high school. One here represents kindergarten, 13 represents twelfth grade. We divided these children up based on the risk factors in their family when they were 4 years of age. That is, at 4 years of age we took the highest risk families — that was the highest third — and the lowest risk families.

If we examined their grade-point averages across their school behavior, you see that during elementary school there is about a half-point difference in the children, so that the low-risk kids are averaging about C+ to B and the high-risk kids are averaging about C across that period. But sometime during middle school, during junior high, the groups began to diverge, and the high-risk children began to get much lower grades, leveling off in high school at about a D average. There is over a grade point and a half difference between these groups. What started out as a small difference becomes magnified over time.

Similarly, if we look at how many of these children are retained in grade, we see a slightly different pattern. We see a slow slope going up through middle school, but then in high school we see a very dramatic change. Whereas the low-risk families have almost no retentions in grade, the high-risk children are approaching being retained in grade at a rate of almost two times by the time they are in high school.

We examined, as you recall, at 4 years, the IQ scores of children in the high-risk group and found that 22% of the children had IQs below 85. At 13 years we did the same analysis and find in the high-risk group that 44% of the children had IQs below 85. These children have not been stable during these periods; this high-risk group got worse. There is almost a doubling in the number of children in this high-risk group who were performing very poorly on their IQ scores.

One can make a number of developmental theories about what goes on during this age period. Perhaps these children never learned to read, and if you don't learn to read, that cuts you off from practically all education during the following years. On the other hand, as was pointed out in the previous talk, we are living in a society that also goes through changes. And we can examine what the changes were in society while we were doing our longitudinal study. If one looks at about 1973, at the top 20% and the bottom 20% of the population, sets their income as equal (at 100%, whatever it was), and looks at the change during the time we are doing our longitudinal study, the top 20% of the income group increased in their income by 24%, while the bottom 20% declined by 11%. Even as our developmental studies are going on, society is changing during these periods. And we can see that there may be environmental reasons why more and more children are scoring more poorly on our developmental tests as time goes on.

I have tried to give you an idea of an alternative description of diversity, a diversity based on the kinds and number of risk factors that families experience while they are raising their children. What I have presented today is a picture of the lives of children growing up in the United States, or at least in some part of the United States. For some, life is a rewarding experience and the Head Start program adds to their positive pathways through life. For others, life is filled with overwhelming risks in the family, the neighborhood, and in society at large. For these children it may be that Head Start can do little more than provide a haven during some part of their day. Perhaps it is for those children and families in between that Head Start can provide enough support so that they can change or maintain a positive direction for their lives. I wish you well in your continuing efforts to make a difference.

Linda M. Burton: I am truly honored and excited about being here. This is an opportunity for me to present my research in an arena where it can be heard by those who are interested in affecting policy and programs for children. Over the last 10 years this has become increasingly important to me as I look into the eyes of children and know that it is not sufficient to write up the data, or rather to write up the stories of their lives and their families' lives for journals, and to make presentations to only those who are interested in basic research. Rather, it is important for me to continually establish links with those individuals interested in intervention and prevention. Over time, this is where change will come from.

I am going to start off by introducing you to a young girl who is one of the many children who has influenced my thinking about neighborhood contacts and developmental processes — Edwina Lorell White. Edwina was born October 16, 1979 and died June 27, 1993, at the age of 12. Edwina was a young girl who struggled hard just to be 12 years old in an environment that would not allow her to be. It was also this environment in which her mother was never allowed to be a child, in which her 18-year-old sister, who now has four kids, was never allowed to be a child. And her four nieces and nephews, ages 4 to 8 months, are not allowed to be children in the way they have the right to be. My brief presentation is dedicated to Edwina's memory.

The information that I share with you comes from the 5-year study that I have been conducting on the relationship between neighborhood processes, family development, and individual outcomes for children, their parents, their grandparents, and their great-grandparents. Now in its fourth year, the study has involved detailed interviews with over 150 multigeneration African-American families with teenage parents. I have continually assessed the complex environments that these families live in, using multiple methods to collect data. Those methods involve ethnography, analyzing census data at the black group-level, analyzing agency reports, administering a neighborhood assessment measure that Margaret Spencer and I have developed, as well as attending to the reports of respondents who identified those features of their neighborhoods that influence their development.

What this work has provided me with is alternative ways to begin to think about neighborhoods, families, and development. And what I am going to do is make some of those distinctions. What do I mean when I talk about neighborhoods? When I talk about the neighborhoods that I study, I am specifically focusing on 18 geographic areas where the families that I study live and socialize. I have identified these neighborhoods by converging both census black group-level data and the other sources that I mentioned earlier — the ethnographic data and reports from respondents about what the boundaries are of their particular neighborhoods. Within these neighborhoods I document the rhythm and schedule of activities and how they influence children's lives. I look at neighborhoods at all times of the day — in the early morning, in the mid-afternoon, and in the middle of the night — and how those activities influence family lives. I also look at patterns that the census data have for us with respect to studying these particular 18 neighborhoods. I don't examine census data at the track level, but rather at the black group-level, which gives you a more microperspective of certain patterns that might be going on in these particular neighborhoods. For example, in looking at these particular black group situations, we find that there are, so to speak, hot spots in census tracts where you have higher poverty rates for children than in others. I have identified particular neighborhoods where, roughly, in the top neighborhood, 82% of the children 18 years of age and younger live in poverty. That is quite a dramatic percentage. And in the lower one, 85% of the kids who are 18 years of age and younger live in poverty.

One of the other things that I have learned about doing analysis this way is that I am able to trace patterns of different occurrences with respect to outcome for kids by neighborhoods. Now one would expect that, given the high poverty level in those particular neighborhoods, that is where you would find the highest percentage of teenage mothers. Well, in collecting data from all the different sources I have in the Harrisburg area, I find that not to be the case. Actually, the highest percentage of teenage mothers live in the areas where you have 25% to 50% of the poverty. You might say, "What's going on there?" Well, if I look at another statistic with respect to the families in this area, particularly male unemployment, what I find is that the highest percentage of male employment is in the areas where our young ladies are going to visit to get pregnant. They are in the areas where you have the highest proportion of male unemployed individuals. What that means is that when we think about neighborhood as a context for development, we cannot think only about the residential areas in which our young ladies and our young men live. We have to think about the areas that they socialize in, because those neighborhoods also have an effect on the outcomes that you see with them.

I would like to talk to you a little bit more about this idea of development and what it means in the context in which I study. Basically, what I have found in studying this particular population over time is that our traditional notions about development and the sequences and phasing of changes do not fit very well in certain populations. There are a number of reasons why. First of all, in our traditional perceptions about development, we may have a problematic starting point, particularly with this population. Dr. Kevin Allison, one of my colleagues, and I have begun to explore this issue of starting points for kids — that is, meeting kids where they are. One of the things that we now understand in studying this particular population is that when one wants to understand development, you have to first determine whether kids are operating at a level of survival or whether they are operating on a level of coping. Oftentimes what we find with kids who are operating at the level of survival — and these are kids who cannot get their basic needs met on a daily basis — is that these are children who may not know from one day to the next whether they are going to eat, whether they are going to have clothing, or whether they are going to be able to go to school. What happens when you begin to understand this distinction among kids is that you know when you go to them and ask them about such developmental outcomes as self-esteem and they give you that blank look, you understand why. Worrying about self-esteem is typically the least of their problems.

Another developmental issue that we have come closer to understanding with respect to context and neighborhoods is the inconsistencies that appear across environments with respect to how we understand behavior. In neighborhoods, for example, one set of developmental expectations may exist, and those expectations may be quite contrary to what you see in other environments, like the school environment, for example. One of the examples I use frequently to illustrate this point is the case when I had been following this 13-year-old mother — I'll call her Evelyn — over time and had gone to the middle school one day to check on her. I was talking to the counselor who said, "Evelyn's not doing real well." And I said, "What's wrong with her?" And she just said, "Well, Evelyn says that she's depressed. How can a 13 year old be depressed?" And I was kind of struck by that because I thought, well, she's 13, and 6 weeks ago she had a baby. So why couldn't she have postpartum depression just like a 35-year-old woman could have? My point is that this young woman, or young lady, had engaged in adult-like behavior in having a child and, as a consequence of that, she may have been suffering from postpartum depression. But in that school environment, because they saw her as a child, that counselor could not even encompass the fact that postpartum depression could be a real issue for a 13 year old.

Another contextual issue that we have to think about with respect to development is how in some neighborhoods there is a tremendous overlap in the world of children, teens, and parents, particularly with respect to job opportunities and peers. I cannot tell you how many times I have seen situations in these neighborhoods where fathers and sons and mothers and daughters compete for the same jobs. One example that comes to mind is in one of the projects I was working in. I saw a 7-year-old boy going from door to door asking if he could earn money by mowing the lawns of residents in that area. That 7-year-old boy was in competition with a 46-year-old man who was trying to earn income the same way. We see the same thing when we see teenagers and their parents compete for jobs at McDonald's, for example. So again, this is another issue where development, or our traditional notions of development, are called into question when we consider the overlapping worlds of children and adults.

A third issue that comes to bear is that oftentimes in the homes of teen parents, there is a lack of clarity about developmental boundaries. Oftentimes that occurs because there is minimal age distance between generations. In most of the families that I study, the age distance between generations is roughly 14 to 15 years. When you have that small of a distance between generations, it is very hard for parents to behave as parents. Oftentimes the adolescents and the parents I see relate to each other as siblings. How parents can instruct their children to negotiate within this context becomes very difficult.

A fourth consideration with respect to development has to do with the accelerated life course. In almost every family that I have studied, they have lost a child, particularly a male child. In most of the families, individuals die in their late 40s and early 50s. As a consequence, children grow up thinking that they have a shorter period on this earth and that they have to do everything before the age of 18. As a product of that, you see then an accelerated notion of development occurring in this particular context.

As a function of rethinking these issues of development, one of the other things that I have learned from this study is that we have to focus also on different types of outcomes when we look for measures of success with these children in different environments. Typically, our outcome measures focus on a young man's ability to be able to get a job, for example, or whether or not a young girl has become pregnant or not. When you couple these outcomes with the types of barriers that many of these kids experience in the environments that they live in, actually pinpointing what is successful and what is not successful in these children's lives becomes problematic. As a function of these experiences, I would like to challenge you to think about other avenues for thinking about the strengths of these kids with respect to developmental outcomes. One way to look at positive developmental outcomes might be to look at their religious development, their development along spirituality lines. Another developmental outcome we might want to look at is that of their talent and how they use creativity in their dress and also in doing their hair.

A very important and overlooked outcome that I often see with these children is how they become facilitators of family cohesion. In many instances, these kids are mediators of conflict in their own families, and it takes a lot of strength to be able to do that. These kids also oftentimes have skills as interpreters for others, particularly older people, in their particular environments. Another case in point is how these individuals may contribute to community cohesion. There are a number of African-American males in this community who have not graduated from high school, yet they operate to keep the peace in their community at a variety of different levels.

The purpose of my presentation has been to raise for you issues or other ways to begin to think about neighborhoods' context and development, particularly for African-American children and adolescents. As I move toward closure, I want to share with you, in the words of Edwina's mother, whom I spoke to last Wednesday, what her feelings were about the message I should offer you. She said, "I cannot cry and I don't want anyone to cry for me. I want mothers and fathers to do something to take control of the environment their children grow up in: to protect them and for God's sake, to let them be children. I want them to understand how being in a certain place can take control of the path your child's life takes. And in spite of your best effort, your child can become someone you don't want them to be. I don't have time to cry because I'm going to fight for my grandchildren in a way I couldn't fight for Edwina. I hope, too, that you won't spend your time crying or complaining, and instead, do something with the knowledge you have."

Suzanne Randolph: I think that the panelists have done an excellent job in stimulating our thinking about diversity in ways that maybe we have not come to fully appreciate before — particularly from a research standpoint. I think as they all have said, we have all been concerned about this issue of diversity. But perhaps we have been introduced to it through workshops on managing a diverse workforce or appreciating diversity, which means, "That is why those people I work with act like that." I am glad that we are moving beyond that.

I think that for all of us this is a particularly important issue not just from a research standpoint, but also from a policy and program standpoint as well. When we first embarked upon better ways of knowing about children and families, I think our notions of diversity were really notions of deficit. Notions of deficit were really notions of adversity. And therefore we looked at it from a standpoint of "How can we go about explaining differences on some of our standardized instruments or standard ways of looking at children?" We then moved to issues of difference based on SES or race or gender. And now, I think, with the notion of diversity as you have heard here, we are moving beyond those kinds of individual notions. We are moving even beyond the family. And I think it has taken us now to the neighborhood level, to the societal level — looking at issues of history, economy, and how those structural factors are influencing and shaping behaviors.

It is not just for children and families who may be at risk or the notion that we have typically had of risk, but it is for all of us, even as we sit here in our seats and think about how our families, back in the '20s, '30s, '40s, '50s, etc., may have been influenced by the same factors that Dr. Hernandez pointed out. Dr. Hernandez's talk basically gave us that historical perspective using our national number system, the census data, and so as Dr. Sameroff has said, it presented or provided a context for us for looking at things. As a sociologist who largely uses quantitative methodology, I think it points also to the fact that in manipulating such a national database, we can still see how such macro-level factors influence and shape individuals, or the potential that it has for shaping individual children's lives.

In Dr. Sameroff's work I was struck with the fact that it is important to look at not only the number of risks but also the patterns of risk. What comes forward for me is that a child in a poor family is not a child in a poor family. And so this notion of looking at how those risks combine or transact to influence children's outcomes is, I think, also an important notion of diversity. In Dr. Burton's work I was struck with the fact that she, like Dr. Hernandez, is a sociologist, but that she uses more qualitative approaches that inform us or instruct us even more so, with the notion of neighborhood, particularly, and its context and what it can contribute to families. Together, they have given us this notion that we have to look longitudinally at children's lives. We have to use multimethod approaches. They should be multidisciplinary, and I was also struck that this approach was also multimedia in its perspective.

I think that we need to fully appreciate diversity and conceptualize it and operationalize it and move toward using it in our policymaking and programming. As Assistant Secretary Bane said at yesterday's luncheon, we have to move our level of thinking, even at the policy level, in the direction of trying to understand communities, neighborhoods, families, and these societal-level factors in order to make Head Start and other such interventions even more responsive to the needs of individual children as well as families.

However, in general, I think that as we conceptualize diversity, our research still dictates that we somehow define constructs, that we somehow operationalize and measure things. And so we are still somewhat limited or confined by the academic nature of the work that we do. But I think we are learning that we can take some risk ourselves in how we operationalize those things. I think that Dr. Burton's work on looking at level of survival versus level of coping and those kinds of notions, for instance, or Dr. Hernandez's historical approach and the transactional approach, move us in that direction. The challenge, I think, is to seek ways to show that while there is this diversity, we do not run the risk of generalizing again, we don't run the risk of saying that "a rose by any other name is still a rose." Even within a family we all know that we didn't turn out like our sister or our brother, even though that constellation of risk factors that Dr. Sameroff pointed out, for instance, may have been the same within that family. I think we are faced with the challenge: do we in fact address that dilemma, and do we in fact continue with approaches that are comprehensive because they seem to take few resources for the greatest need, or do we have to become more targeted, so-to-speak, in our focus in programs?

The other challenge I think we have is being ahead of how diversity is changing. I think we have to take some proactive risk, if you will. I think we have to be more futuristic, or use futuring techniques, in order to get a handle on what is facing us in the 21st century. I think pre-Head Start we didn't have issues like AIDS and HIV. We didn't have environmental violence. We didn't have high rates of unemployment amongst the greater segment of society. We didn't have the new poor — the women and children who are faced with poverty because of increasing divorce rates. This notion of who is eligible for Head Start or what Head Start was designed to do has been changing and evolving over the years.

We are also faced with issues in children's lives that we ourselves find insurmountable: when we are faced with a child, for instance, whose parent may be a substance abuser or be HIV positive or have AIDS; when we are faced with the fact that the grandparent is really the parent in a situation in these multigenerational families; when we are faced with the fact that we have a person who has moved from a low-risk situation to a high-risk situation like these children of divorce and children of new poverty, children of unemployment, etc. We are faced with different kinds of challenges and different kinds of diversity than before. I think that is going to continue to affect the work that we do if we don't somehow also engage in being more future-oriented in terms of what we expect down the line. I thank the panelists again for exciting my interest in and continuing my work in diversity, and I hope they have also done the same for you.

Closing Session

Advisory Committee on Head Start Quality and Expansion

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Deborah Stark: I am delighted to be here to talk with you about the President's new initiative to provide family support and family preservation programs to children and families around the country. We feel that it is an exciting opportunity to develop a continuum of care in the child welfare system and to link that continuum with the other systems that serve children and families: the Head Start programs, the other education programs, the juvenile justice programs, the mental health programs, and so forth. First, I want to mention a few reasons why we think this new legislation is important, why this new family preservation and support act really is going to make a difference. Then I will tell you a little bit about what is included in the legislation so you have some idea of what you might be advocating for in your state as your state develops its plan. Then I will share with you a little bit about the implementation of the program, and what we are doing to make sure that it is responsive to the needs of the state and the communities around the country.

This legislation is important for a number of reasons. I do not need to tell you all about the numbers of cases of abuse and neglect each year and the number of children who are suffering severe trauma that is caused by this abuse and neglect. It is affecting their emotional, social, cognitive, and physical development. This is a real problem and something that needs to be addressed in this administration. It is really unfortunate that we are living in a world where too often children are denied the joys and wonders of childhood. Their days and nights are often spent worrying about the problems that are affecting their parents and the larger community in which they live; there is unemployment, drugs, poverty, violence, abuse and neglect to their parents, to their mothers especially, and to themselves. Unfortunately it is a world where too often the protection of children is severely compromised by funding structures that put too much money into the back end of the system — removing the child from the home — and not enough money into the front end of the system to provide the supports to the parents that they need to be able to nurture and raise their children. It is also a system that is severely compromised by case workers who are far too overwhelmed with the number of cases they are trying to deal with and the number of problems these families are coping with. They have far too limited resources with which to meet the needs of the children and families. The child welfare system is also isolated from other systems. It is isolated from the Head Start program. It is isolated from the juvenile justice system and from the mental health system. Therefore, when a child comes to the attention of a child protection service worker, too often that worker has only a few options — either to try to keep the child in the home and provide the supports that are needed or to remove the child and put them in an alternative placement.

Unfortunately, the system does not always have the capacity to look at the other problems that are facing children and families. In Los Angeles County more than 50% of the children who come into the child welfare system are there because their families are having a severe housing problem. The child welfare system is not designed to address those housing needs. Therefore, what we are going to try to do with this legislation is develop a continuum of care across the different disciplines to ensure that children and families receive all of the supports they need. Overall it is a system in which, too often, families cannot get support until after they are abusing and neglecting their children. This is something that we cannot live with in this administration, and it is something that we must address through these reforms in relation to Head Start, family preservation and support programs, violence initiatives, and so forth.

Family preservation programs should accomplish a few key things. They should strengthen families. We could define "strengthening families" in many different ways. Some people want to define the success of these programs, whether or not they strengthen families, by looking at reductions in the number of children placed in foster care. Other people want to define "strengthening families" as the supports that parents have, their parenting functioning, and their ability to provide supports for their children and families. The program should also coordinate systems. It needs to develop a continuum of care, especially within the child welfare system, that starts with family support and family preservation, includes traditional child welfare systems — CPS workers and foster care placements — and ends with reunification, adoption, and other permanency planning opportunities for children. This entire continuum is important for strengthening children: providing them the opportunities they need early in life so they can reach their fullest potential as adolescents and young adults. I know that many of you are already providing family support-type services in your Head Start programs, and you recognize that these services are necessary for child development.

This new initiative that President Clinton is sponsoring is not aimed at keeping children and their families in abusive situations. We have a lot of critics around the country who are billing family preservation as a way to keep children in families where they eventually are going to be abused and die. It is important to point out that we see family preservation and support as being effective only for those families who have the capacity to nurture and rear their children and who just need additional support so that they can be successful in doing that. It is not for the families who are going to continue to abuse and neglect their children. We have a child welfare system in place. We have the court system, which looks at those cases and determines whether or not it is appropriate for the child to be put in foster care or be put up for adoption, and those systems must stay in place. But we see this preventive effort moving in to ensure that all families — early on — receive the supports they need so that the crisis does not occur down the road.

I want to mention just a couple of things about the legislation. First, I want to point out that it is starting this year, and money will be given to each state based on the number of children in the state who receive food stamp allotments. The money for the first year is $60 million, so it is a small program at first, but it increases so that it is $255 million in the 5th year. Some states are going to be getting lots of money because they have lots of children who are receiving food stamp benefits. Other states are going to be getting little money, but essentially this money in the first year should be used by the states to look at all of the services they are providing to children and develop a comprehensive plan for meeting the needs of children and families in their communities. We are going to encourage the states to do a needs assessment to identify the needs of children and families and the services that are currently being provided. Then we are asking them to develop their vision and their plan of how they are going to meet the needs of children and families in the community and how family preservation and support will fit into that — hopefully how Head Start fits into it, how the juvenile justice system fits into it, and so forth.

There are a couple of "set-asides" in this legislation. There is one set-aside for Indian tribes: it is 1%. Therefore, money will be separate for the Indian tribes. I am not quite sure how many tribes are going to qualify under that set-aside, but we are negotiating with the General Counsel's office to figure that out. There is another set-aside in the legislation that will be of particular interest to all of you. It is a set-aside for research, training, technical assistance, and evaluation. Some people are concerned because the four parts are lumped together. We are currently in the process of thinking through what type of training and technical assistance is going to be needed for this program and what type of evaluation is going to be needed in order for us to report back to Congress in four years about the effectiveness of this program. Many people are concerned that we will be evaluating this new program based on reductions in child abuse and neglect and reductions in placement of children into foster care. People are concerned that family preservation and family support programs might not be able to accomplish that. They feel that what we really should be selling is an outcome and what we really should be evaluating are the changes that this program will make in the lives of children, their parents, their families, and the systems that serve them — looking at the changes in child development, in parenting functioning, in the way systems work together to support the comprehensive needs of children and their families.

I know that all of you are familiar with the concept of family support since that is essentially what Head Start is, but I want to point out that family preservation as defined in the legislation includes a broad range of services. Too often we hear the term "family preservation" and think of just that one model where a case worker goes into the home and provides intensive services 24 hours a day for 4 weeks or 6 weeks to get the family stabilized. Many communities across the country are trying that one model of family preservation, but Capitol Hill is very clear that they want us to look at family preservation in broader terms. For this legislation, family preservation includes respite care, reunification, and follow-up services, where a child who has been removed from the family and put into foster care placement receives the supportive services needed to make it possible to go back to the family of origin. It also includes the intensive services that we often think of with that one model of family preservation.

We have set in place a four-part implementation strategy. The first part is a focus on internal education. We recognize that people in states and communities across the country have been implementing these types of programs and supporting children and their families with family support programs for many decades, but the federal government has been involved in just a limited way. We recognize that at the federal level, and in our regional offices, we need to engage in educational activity to enhance our understanding of these programs and learn more about the state of the art of family preservation and support. So this first part of the implementation strategy is designed to enhance the knowledge and understanding of the federal staff so that we can support the states and communities as they develop their continuum of services for children and families. We have been doing that through a series of focus groups. I think I have had about a dozen focus groups here in Washington, and all of our regional offices have been having focus groups so that the public can have input into our process.

The second part of the implementation strategy focuses on the development of the guidance and the regulations. I guess I am new to the federal government in this capacity, and it is my understanding that with most new programs you have to develop these regulations and this guidance. I find the guidance much more appealing because it seems to be written in common language, whereas the regulations often seem very stifling. The guidance should be distributed to the states in December; the regulations should follow in the summer, but we are going to encourage states to be creative with these new dollars.

The third part of our implementation strategy focuses on training and technical assistance. We recognize that we can develop beautiful guidance and regulations, but if we do not support it with training and technical assistance, the states and communities may have difficulty interpreting what it is that we are advocating for in terms of developing this continuum of care.

The fourth part of the strategy focuses on evaluation. We are thinking through the evaluation agenda. If any of you have ideas about what we should be evaluating, what the best ways are to conduct these studies, or where the studies should be conducted, we would be interested in hearing your ideas.

Overall I think that this is an exciting opportunity that the federal government has to work in partnership with the states and communities to develop this continuum of care for children and their families. I will remind you that the continuum of care we are advocating for is within the child welfare system, because we feel that those connections need to be made. But it will extend beyond the child welfare system so that we can encourage states to think about their mental health, early childhood development, education, and their public health programs, to make sure that families receive the multiple services that they need to nurture and raise their children.

Joan Lombardi: Do all of you know who to contact in your state if you want to be involved in this?

Deborah Stark: The money is actually going to the state agency that organizes and deals with the child welfare programs. In some states it is the Department of Social Services; in other states it is the Department of Human Services. If you call me, I can give you the person to contact in your state. My title is Special Assistant in the Office of the Commissioner, ACYF. My telephone number is (202) 205-8347. You can also reach me through Internet. While the states are responsible for developing the plan and submitting it to the federal government, they have to do it in a joint planning process with the federal government, and also in collaboration with the communities and other state agencies that are providing services to children and their families. Therefore, it is extremely important to recognize that you, as a Head Start person, should be at the table when your state is developing their plan.

Maria C. Dominguez: I am with the Family and Youth Services Bureau. The Youth Gang Drug Prevention Program was instituted as part of the Anti-Drug Abuse Act of 1988. When we first started implementing the program, we focused on young teens, because that seemed like a logical place to start. From the first set of grants that we issued in 1989, and then in 1990, we found that it is too late to start prevention at that age. One of the things that both Joan and Deborah talked about was building a continuum of services. We found that if we are really going to stop young people from getting involved in violent activity and have them grow up to be healthy, prosperous adults, we have to start prevention efforts much earlier. Therefore, in fiscal year 1992, we awarded five grants called "Gang-Proofing Young Children." When we first came up with the idea, I have to admit, a lot of people thought we were out of our minds, which is probably not a bad thing when you are trying to do something new and innovative. What we wanted to do was to start building on some of the positive strengths of Head Start. What we were finding was that most gang prevention activities were starting with children when they were 9 and 10 years old. What we wanted to do was take the lessons that we learned from Head Start and bridge them into the early elementary grades. With the help of the Head Start Bureau, we awarded those five grants, and they are focusing on children from 4 to 8 years of age. Another unique aspect is that we are not just coupling Head Start or early childhood programs with the first couple of years of elementary school, but three of the grants have formed more extensive partnerships; they are building on local partnerships to really provide a continuum of resources for the children and their families.

Those sites are in Phoenix, Boston, and Long Beach, and the partnerships consist of local Head Start centers, elementary schools, community-based organizations, businesses, and law enforcement agencies. What they are trying to do is build a safety net. Two of our grantees are not only working with young children, but they are also helping us learn how to provide services to new immigrant families and refugee youth. Our grantee in Long Beach is working with Cambodian families and children and providing them with after-school cultural classes and home-based parent education. In Boston our grantee is developing specialized curricula to address the needs of young Chinese children and their families and strengthen their ability to parent in their new culture. In San Diego, our fifth grantee is providing home-based child and family services and linking them to school-based gang-prevention services. What I think is especially unique about all five grantees is that they have come together to do an evaluation that will measure joint activities across all five grants, so that we will be able to look at commonalities and differences and measure whether a strategy being used in Phoenix is producing the same or different results as a similar strategy being provided in Boston.

We have also awarded two research grants that I think might be of interest to you. One study is being conducted by Dr. James Diego Vigil at U.S.C. He is looking at the dynamics of gang families. One of our concerns is how one works with a young child or a teenager and lets them know that a certain lifestyle is not appropriate, yet tells them that they can still love their parent — or their aunt or uncle — who engages in that lifestyle.

The other study is being conducted by Dr. Cheryl Maxson, also at U.S.C., who is looking at two similar communities in Los Angeles to try and identify resiliency factors. Frequently we have the perception that a community is so totally enveloped in violence that every child, every person in that community must be violent. We know that is not true! We know that even within a "violent community" there are a lot of good, healthy families and children doing good, positive things. What we are trying to do through Dr. Maxin's research is to start to identify what it is that helps certain children grow up healthy and safe and wanting to achieve things in a positive manner. We are hoping that we will have the results from both the Gang-Proofing Young Children grants and the two research projects available in FY 1995. We plan to continue working with Head Start to keep promoting the idea of a continuum of services starting with young children and their families, and to share information between the programs. My phone number is (202) 205-8054. We also have Training and Technical Assistance Providers. They may be reached at 1 (800) 949-GANG.

Joan Lombardi: In response to the President's commitment to Head Start, and in response to some of the concerns that were raised regarding the quality of the program, in June Secretary Shalala announced the formation of an advisory committee to develop a set of recommendations about the future of the program. The Advisory Committee consists of 47 people from a variety of constituencies: the Head Start community, the broader early childhood community, the research community, people from both sides of the aisle in Capitol Hill, and several people from the Administration. I should say that no one group feels they are adequately represented. The intent was to try to make the committee broad-based. We have had three meetings: one in July, one in September, and one last week. To begin the process, before the Advisory Committee even came in, and to respond to the real need to listen to the Head Start community — because we feel very strongly that we had to have sufficient input from the Head Start community — we held a series of nine focus groups in June, to provide input. We organized them around the different components: health, parent involvement, family support and social services, and education. We added a special group to address Indian concerns and another to address migrant concerns. In order to try to raise the issues from the perspectives of both the Head Start community and the "experts" in those areas, we mixed the groups.

Their input fed into seven subcommittees established within the full committee: capacity-building; staffing; linkages for family support and health; infants and toddlers; linkages to schools; full-day needs of Head Start children and families; and research. These subcommittees were made up of committee members, and resource people brought in to help inform the discussions. The reports from these subcommittees fed into a draft that was distributed to the Advisory Committee in September. At that time the draft was called "Twenty-One Steps for a 21st Century Head Start." At this point, everything is still in draft form. Our final meeting of the Advisory Committee was last week, and although it is still in draft form, I would like to give you an overview of the themes that have emerged.

We first looked at the area of quality. There are three main themes that seem to be pointing us in the direction of change. We aggregated the OSPRI (Head Start On-Site Program Review Instrument) data, that is, the monitoring data, to try to give us a picture of the quality of the programs. If any of you are familiar with the OSPRI data, you know that there is tremendous variation in the data because of the way the items are interpreted. If you are not familiar with those data, they look at 222 items that the monitoring teams consider when they go on site to monitor a third of the programs each year. What we found is that the majority of Head Start programs are doing quite well, but their quality is uneven. I do not think this is big news to us who have worked in Head Start over the years. Programs seem to be strained — primarily in the area of staffing. Despite the fact that we have had the quality set-asides, the programs are still suffering because of very low salaries and inadequate levels of staffing in certain components, particularly in the family services area. We have had report after report over the years that tell us that there should be 35:1 caseloads. Yet when you look across the country, you see programs that have 100 families to one family support worker, and up. We know that you cannot provide adequate follow-up services with those kinds of case loads. That has been a big issue in looking at quality across the country.

Facilities continue to be an issue. The National Head Start Association has done a survey on facilities and a third of the programs report needing to upgrade facilities in a substantial way.

There are continuing strains on the overall management of the program. Over the last few years there has been an increasing number of children served and teachers added, but no additional staff have been added to help the management team. The responsibilities and the complexities of the coordinators have increased without sufficient support. All of these things are affecting the quality of the programs.

It is amazing to me that programs are doing as well as they are, considering the additional burdens on them. One cannot judge the quality of services by internal characteristics alone. In talking to people across the country, it became increasingly clear that the quality and our ability to deliver services depends on not only what we are doing in side the program, but also what is going on outside the program. What we have seen over the last few years is a much greater intensity of needs on the part of both children and families and a decreasing level of services in the community. When you put those three factors together, you can begin to understand the complexity of difficulty that programs are facing. Despite that, there still appears to be reasonable data that tell us that the majority of programs are faring pretty well, but they need to be shored up. The recommendations in this area focus on staffing and local management. We are calling it "Striving for Excellence." It became quite apparent over the last few months that those who work in Head Start — we have about 100,000 people now who work in the program if you look at all components — are the heart of our ability to deliver quality services. Therefore, we are hoping to launch a series of efforts to shore up the staffing of theHead Start program. We will continue to increase salaries and career development efforts that focus beyond CDA and to develop training for family support workers. This has been an area that has been recommended in report after report, and the Advisory Committee felt very strongly that this should be an area of priority.

There is a whole series of recommendations in the draft report regarding local management, for example, updating the Head Start Performance Standards. As many of you know, we have been operating for almost 20 years with this set of Performance Standards. There were efforts in the past to upgrade them, in 1978 and 1979, but they were never implemented. The Advisory Committee felt that it was time to relook at those Standards and to upgrade them so that they reflect best practices for 1990 and beyond. There also were a series of recommendations that we consider the development of performance measures that more clearly delineate program outcomes. I am not talking about child outcomes; I am focusing more on program efforts and using them as a way of planning the program. We are hoping that that effort will get some attention over the next few years.

There is a whole series of recommendations on how we need to improve and expand parent involvement. Although it has been one of our strengths, we also know that with the changing family there is a need to look at parent involvement, particularly as we move to more full-day programs and what that is going to mean. "Male involvement" was a topic that we looked at. If you look across the Head Start community, the traditional involvement has been "mother involvement." There is growing concern that if we are really going to be serious about child development and supporting families, we have to find the male who plays such an important role in the lives of the children. Therefore, there are some recommendations about encouraging and providing training and technical assistance around male involvement.

There are several recommendations about facilitating better federal oversight. If you look across the years, you will see that although the budget has increased, the level of staffing at the central and regional offices has stayed about the same, with very limited ability for regional staff to travel and adequately monitor programs. In addition, there is some concern about re-engineering federal oversight so that we can better focus on the quality of the programs.

The second theme has to do with expansion. I think the clear message of the Advisory Committee is that we have to look upon expansion in several ways: adding more children, expanding the scope of services, and safeguarding the quality of the program. That message came out very loud and clear through the Advisory Committee process.

We still have a tremendous amount of unmet needs. The program is still serving 40% of eligible children; however, there is a sense that as we expand in the future, we must expand more strategically and allow more time for planning. Because of the annual appropriation process, programs have been under pressure to add more children at a very rapid pace without adequate time for planning. The Advisory Committee's recommendation is to try to look more closely at the community needs assessment process. This is an area where the research and Head Start communities can really come together. Many people do not even know that we have a community needs assessment process. We are asking how this process relates to other community needs assessments going on in the community and how programs are using it. We are targeting dollars to communities where there are high concentrations of poverty and communities where there are limited resources, such as rural communities.

There is concern about the need for the Head Start program to respond better to the full-day/full-year needs of families. Less than 6% of the Head Start programs are now providing full-day/full-year services that respond to the full-day needs of parents who are working long hours. In the past, the message to the Head Start community has been to go find other dollars and wrap those around the Head Start program. What we have heard from Head Start directors across the country is that this is extraordinarily difficult, not only administratively but because of the limited dollars out in communities. It often sets up competition for those limited child care dollars. The message from the Advisory Committee is about flexibility to use Head Start dollars for full day. At the same time, there is a message in the Advisory Committee draft report that talks about the need for Head Start to partner in new ways with the child care community. However, there is some concern that as these new partnerships emerge, more and more programs will take Head Start dollars to link those dollars in enhanced child care services where child care programs are serving Head Start-eligible children. The real message of the Advisory Committee is that it has to be done in a way that maintains the Head Start Performance Standards and the integrity of the program. It will be very important over the next few years for the research community to help us understand how these linkages are being made and what the best ways are to ensure the quality of Head Start programs as we make those linkages.

The final area with regard to expansion is the area that has probably gotten the most news. Right now Head Start serves about 18,000 infants and toddlers in two ways: (1) through a network of over 100 Parent and Child Centers and (2) through its migrant programs. The migrant programs serve families with children 0 to 5 years of age in order to meet the needs of migrant families. We have not done very much beyond that. Someone mentioned the Child and Family Resource Programs that, I think, were the forerunner to the whole family support movement, but those faded away.

Therefore, there is a new focus on what we should do for the 0 to 3 age range. The Advisory Committee took the position that we need a new initiative to look at the best ways for serving children 0 to 3. They actually have recommended that a panel be established with experts in the area of infants and toddlers to help develop any new initiatives, to review the models that we are currently using, and to develop a strategy for moving the program forward with regard to families with younger children.

The final theme that the Advisory Committee mentions is the area of partnership between Head Start and the rest of the early childhood community. Obviously 1990 is very different than 1965. We have a whole array of service providers out there, and there is concern that Head Start link with the overall early childhood community and with the public schools. There are several recommendations in the report regarding continuity of services between Head Start and the public schools. There is a real sense that it is a responsibility of both Head Start and the public schools to build partnerships and assure developmentally appropriate practice, comprehensive services, and parent involvement.

There were several recommendations in the report with regard to linkages — that there be better linkages at the state level. The Advisory Committee renewed the commitment to the "federal to local" structure of Head Start. They also called for additional linkages at the state level. Right now we have 22 state collaboration projects. The Advisory Committee took the position that Head Start, being a central institution in the community, needs to be linked with all of those national efforts such as welfare reform, health reform, and so forth.

Let me return for a moment to the research agenda. Basically, the Advisory Committee recommended five specific actions that build on the work of the ***Head Start Research and Evaluation: A Blueprint for the Future***. First, they recommended that HHS develop a long-term research plan for Head Start that places Head Start in the broader context of research on young children, families, and communities. That plan would begin to guide the research work over the next few years and would be developed in concert with the research community.

Second, they recommended that a lot more attention be paid in the new research agenda to issues related to quality, both in terms of Head Start quality and the quality of early childhood services broadly. One of the Advisory Committee members said that too much Head Start research money has been used to *prove* Head Start rather than *improve* Head Start. That is a philosophy and a theme that we heard over and over from the Advisory Committee. There is a real need to focus research on areas that will help inform practitioners about how they can improve quality.

The third recommendation is to increase efforts to conduct longitudinal research on Head Start children and families. I think that we have had some research over the past few years — many of you have been involved with it — but I think that we all can admit that it has not been enough, given the fact that there has been a tremendous amount of change in the population of Head Start since its inception. Therefore we need to launch a new series of research projects that adequately address the diverse population we are now serving.

The fourth action that the Advisory Committee recommended is to build an infrastructure within the agency that views the whole research continuum and builds a home for Head Start research at the federal level that is also related to the efforts that are going on across the country. It is time for us to have a home at the federal level for Head Start research — Head Start in the broader context of early childhood and family support.

The final action was a call to help support practitioners in their practice. There is a series of questions that we are asking the research community to look at in order to help local programs tie the research that you are doing to program implementation. One of the things that this conference shows is that we have two cultural worlds here. It is time to bring these worlds — the research community and the Head Start community — together, in order to see how we can work with each other in moving programs forward. That is a brief overview of the Advisory Committee report.

Audience Questions and Comments

Question: Does the Report address the issue of dealing with not just Head Start-eligible families, but families that move in and out of eligibility?

Joan Lombardi: The Head Start Association has a recommendation to look at eligibility up to 133% of poverty. The Advisory Committee discussed it, but there was no recommendation. One of the dilemmas is that we are not even serving the population that is constantly eligible. There is a real dilemma in thinking about where and how we expand: whether you expand the scope of services for the families you are already serving; whether you serve more families; whether you serve younger children; whether you serve the traditional "over-income" families. It is a struggle among all those needs.

Comment: As the new research agenda is formulated and implemented, it seems that we need to be cognizant of the fact that over the last two decades we have really had two communities coexisting — a research community and a program development and practitioner community — and that that split has been a disservice to both. As we move into a new and expanded era of understanding about how these programs work and do not work, we need to move to new models of research; we need to find ways to have the research community deliver back real, time-usable information to the practitioner community so that the research community is perceived as a partner, with something togive back that is useful for program development and management. It is more than translating. I am arguing for a fundamentally different model for what research is about in the context of human services delivery. Research should be an integral part of it — not something that is tacked on.

Comment: I would like to suggest that partnership of research and program developers work on this, because the two cultures have definite language differences, and the research language is a put-off for development folks.

Comment: I want to talk about another partnership where I see a big gap: the Head Start/day care partnership. I would like to suggest that the Department of Health and Human Services make the partnership between Head Start and Title XX funds more explicit. That would mean Health and Human Services would have to come up with the money to help Title XX-funded child care comply.

Comment: I would just like to emphasize a point that was made earlier, on the importance of releasing research data and information in an ongoing way instead of waiting until a project has been defunded and then suddenly releasing information that could have been helpful in correcting programs during the formative stages.

Question: Did the Advisory Committee make strong recommendations for the regional office?

Joan Lombardi: There has been a lot of concern about the lack of training of regional staff and the need for training if federal staff are to assume leadership roles, and the provision of technical assistance. Program people are saying that we should provide the technical assistance to them. There is also a concern about interpretation of policy: there is tremendous variation across the regions. The Report recommends an initiative to "reengineer federal oversight" to address some of those points.

Comment: When the national office awards a research contract to a group that is new to the federal government, I would recommend that they educate them about the uniqueness of the Head Start community.

Joan Lombardi: It speaks to the need for an *a priori* understanding of Head Start before researchers go out and conduct research on our programs.

Comment: I would like to emphasize the necessity, as well as the practicality, of a really effective bridge between Head Start and the rest of the early childhood education community. At this conference I heard many, many times, "We do Head Start; we don't do child care." And I thought, these communities need to come together. Some of us do it better, but we really are all in the same business. There are some outstanding child care programs and there are outstanding Head Start programs; there are also not-so-great ones of both. I know that within my state I never see the Head Start people. I'm very active in the early childhood community, and there is no interaction.

Comment: In terms of partnership, I hope that we will include consumers and business leaders in the partnership.

Comment: One of the great things about this conference is that I have met people and become aware of resources to get a lot of questions answered and have been able to have discussions relative to those questions.

Closing Comments by Joan Lombardi: We all have a tremendous responsibility to the Head Start program, and to the children and families that it serves, when we become involved in Head Start. I think that all of us would agree it is one of the best hopes for young, low-income children and their families that has ever been developed in the history of this country. I know that the new administration is taking it seriously.

There are five charges that come out of the things that I have heard over the last few days. First, on returning to your communities — if you are in the research community — meet with your local Head Start programs. As someone in the Head Start community said yesterday, "Get down and dirty with folks in the Head Start community." Make those linkages so that there can be texture added to the research findings that can help us expand and improve the program. In the symposium about practitioners and researchers, a Head Start director said that a researcher came into her program with the attitude that she felt that the mothers in Head Start had a gift to give to her. She had such a sense of respect for the community that it permeated her relationship and her work as a researcher. It is when you feel that you are not just giving a gift to the Head Start community but that the Head Start community is giving you a gift in return that we can really make those partnerships effective.

Second, I would encourage you to think comprehensively. We have a lot of information about the education component, but we could certainly use more. However, we really need to focus our attention on the effects of the program on the rest of the community and how parent involvement and health services can be strengthened.

The third charge is to think broadly and to think about our research not just as research on Head Start but as research on low-income child care. We need a lot of additional information about the impact of environments on children, where these children are spending 10 to 12 hours a day. We need this information to help inform the policy debate, particularly as we enter an age of welfare reform.

Fourth, I think it is time to translate your research into action. Actually, some of you who have been around for a long time may remember Edith Grottberg, who for years was part of ACYF's evaluation team and put out a publication called "Translating Research into Action." It is time for us to resurrect that publication and read it carefully.

Finally, I would ask you to mentor a young researcher. Find somebody in your community who is just getting a glimmer of interest in research and bring them along and take them under your wing. We need to grow new researchers. We need to grow the kinds of researchers that have the kind of commitment that you have. It would be helpful if you could find somebody in the Head Start community and help them, turn them on to research. One of the concerns is that we need much more diversity in the research community, and Head Start can help develop that. Those are the charges that I think that we have going out from this conference.

Symposia

Head Start Demonstrations

Head Start Demonstration Project: Comprehensive Child Development Program (CCDP)

Chair: Allen Smith

Presenters: Sebastian Striefel, Martha Staker, Robert D. Ketterlinus, Robert G. St.Pierre, Michael Lopez

Allen Smith: Our presenters represent a cross section of people from the National Family Support Demonstration Program: two Project directors from two programs and contractors who will talk about the process and impact evaluation. To provide an overview of the Comprehensive Child Development Program, I will give some structural components and some philosophies. The program was enacted in the Comprehensive Child Development Act of 1988. It required the Secretary of the Department of Health and Human Services to award up to 25 grants to nonprofit agencies to provide continuous integrative and comprehensive services to low-income children and their families.

The objectives of the program, as stated in the legislation, were to enhance the cognitive, social, emotional, and physical development of children, and also to enhance the economic and social self-sufficiency of parents. The appropriation that was attached to the authorization was for $20 million; it was changed the next year to $25 million. One year after the act was promulgated, there was a reauthorization of the program that went to $50 million. But it wasn't until 1992 that Congress appropriated any amount close to that $50 million. Currently our appropriation level is $46.8 million. The eligibility criteria to participate in this program for families are that they be below OMB [Office of Management and Budget] poverty guidelines, that there be a child under 1 year of age in the home, or that a woman who is pregnant.

The eligibility for agencies to be awarded grants was that they be nonprofit agencies: either public agencies or community agencies. What we obtained through the selection process was a rich variety of families, all of whom were below poverty level and represented variations of dysfunction, crisis, and need.

We have families reflecting various ethnic groups: some programs have all-white families, all Afro-American families, or all Latino families, and a number of programs have rich combinations of all three ethnic groups. We have grantees that come from hospitals, universities, and community action agencies; we have programs that are Head Start agencies, direct grantees; we have programs in rural areas and urban areas.

The legislation required that we report to Congress on the cost-effectiveness of the results that we experienced through this demonstration program, and we are currently in the process of preparing a report to Congress on interim findings; that report should go to Congress some time this winter. The legislative objectives of the program are to prevent educational failure by addressing the psychological, medical, institutional, and social needs of infants and young children. We like to talk about it in terms of enhancing these developments, rather than preventing failure. The second specific objective is to decrease the likelihood that young children will be caught in the cycle of poverty, and we do this by preparing children for entrance into public school. The third objective is to prevent welfare dependency and promote self-sufficiency and educational achievement. We do this by providing families with skills and the opportunity to utilize those skills and to believe in themselves and their ability to attain goals.

The law mandates that specific core services be provided to all members of the family. Although the Act does not define a particular service delivery system to which grantees must adhere, the law does mandate that services be provided at a minimum standard. There is a connection between these services and the Head Start Performance Standards, as well as standards that reflect various professional organizations, such as the American Medical Association.

This program is not a 0 to 3, or 0 to 5 program. It is a structured family support program that focuses on enhancing the development of all members of the family, both individually and as a united, holistic organization. We are talking about looking at families as an integrated unit. We do this by facilitating families' ability to achieve their own goals and by making services available to them, as opposed to just providing services and then force-fitting families into those services.

Specifically, the CCDP program does the following: it involves the whole family and the whole community in both program planning and implementation — where the community is the parent to the family, and the family is the parent to the child. It establishes a system of networks characterized by peer and staff supports. Many of the programs have family support groups, where families get a sense of the fact that they are not alone and they are not isolated, but that there are other family members who share their concerns, their problems, their fears, and their goals.

The program focuses on optimizing child growth and preparing children for later school experiences by providing them with developmentally appropriate experiences in a variety of child development settings. It prepares parents to be significant change agents in the development of their own children by training parents to work in partnership with teachers who are providing children with childhood experiences in centers outside the home. It serves as a catalyst for connecting various community and public programs and agencies that deliver these services, by providing integrated coordinated services that are new in the community or services that improve upon the currently existing services. It builds upon parents' strengths, rather than focusing on their weaknesses. The goal here is empowerment of families. The program intervenes early in the life of a child and provides these supports over a sustained period of time. Finally, it assists families in achieving these goals by establishing a relevant and viable path — a roadmap — for families to progress on.

One of the structural components of the program is to provide greater access to services through an improved transportation system in the community. Transportation is a problem not only in rural sites, as you can imagine, but also in many urban centers across the country where public transportation does not allow families access to services available to them. The focus is on providing transportation systems so that families do have access.

Another component is a case management strategy for effectively brokering services between families and service agencies. The use of case managers is one of the major underpinnings of the program, but we do not call them "case managers." They are called "home visitors" or "family advocates." Essentially, they provide case management services for assuring a linkage between the family's needs and the services that are available — a sort of ombudsman approach. The ratios [home visitors to family clients] that we have in this program are very rich — and very expensive. We are talking in the neighborhood of 1:10, 1:12 for many projects, which is really unheard of in most human service programs.

Other structural components are a child development and parent education and training component for enhancing individual and joint growth of children and parents and local advisory boards consisting of a cross section of community leaders, parents, and agencies that provide services. We also ask programs to engage in interagency agreements that specifically describe what services each agency would provide to families.

I would like now to turn to the specific core services that are required to be provided to families either directly by the program, or indirectly by the program through agreements and contracts with other agencies. As I go through this list, you can see the comprehensive nature of the required services. Early childhood development and early intervention models, including child care, require developmental screenings, developmental assessments, and appropriate child development experiences. The program requires that licensed child care be provided to families who need child care because the parents are engaged in vocational training or are employed. This child care can be provided in a child care center, a family day care home, or a group day care home.

When we talk about developmentally appropriate standards and Head Start Performance Standards, we are talking about making sure that the educational program that is provided will have weekly and daily schedules, that there will be appropriate child-to-adult ratios, that there will be culturally relevant materials and culturally appropriate staff, and that there will be training for staff on utilizing developmentally appropriate curriculum.

Other important core services that are mandated by the legislation are in the area of parent education and training. It is required by law that training be provided to parents in infant and child development, health care, nutrition, parenting skills, life skills functioning, such as budgeting — activities that many programs do provide to families. In the area of adult education and training, programs provide adult literacy education, vocational training, employment counseling, and job training. They do this through an employment coordinator, who works with employers and vocational training programs to assure that all family members receive training based upon their goals, interests, and aptitudes. The employment coordinator also works with the business community to assure that jobs are available. Having an employment coordinator in an agency assures that families can be linked to jobs that can provide them an opportunity to be economically self-sufficient.

Other adult education activities involve enhancing male involvement in the programs. Since this is a program that focuses on enhancing and uniting the family, it is really important that if there is a significant male, whether or not he is in the home, or if there is a biological father outside the home and the mother wants that father to receive services, that services are provided to the males as well. Many programs do not do this. The Comprehensive Child Development Program does, through the use of male coordinators.

As I said before, case management is one of the underpinnings of the program. Case managers perform very important services that involve brokering activities. They conduct family needs assessments during the first 3 to 6 months that the family is enrolled in the program to get an understanding of what the family's needs are and what their goals are. Based upon these needs and goals, the case manager works closely with the family to design a set of activities that is linked to achieving these goals and that represent a plan that the family advocate utilizes during the year to assure that relevant activities are, in fact, made available to families. The family advocate then monitors the family's progress in utilizing these activities and moving along a path towards attaining these goals.

The case manager also works with the family in terms of income support. Many of our families are on AFDC [Aid to Families with Dependent Children] and utilize Food Stamps and other kinds of income support. Many families do not have very good relationships with the providers of income support. Case managers work with the family to resolve any problems that may exist in getting the kind of support they need to sustain themselves. They also provide other social services. If a family has an emergency need to obtain a medical prescription, if they need diapers, or if they need a crib and they cannot obtain it, or if they need somebody to transport their household furnishings from one location to another, the program can provide these emergency resources.

A full range of health services must be provided to children: health screenings and assessments, immunizations, well-baby care, acute health care, dental care, and mental health care. For adults, the health services that are required are prenatal and postpartum care, routine and acute health care, mental health care, and substance abuse education and treatment. Most programs have a health coordinator; some have a mental health coordinator to facilitate the provision of mental health services.

Finally, there is the area we call "noncore services," services that are not mandated by the legislation. In the early years of the program, these services were utilized to meet families' needs. Some programs, for example, have a loan fund, where they work in collaboration with a bank to provide very low-interest loans to families who normally would not qualify for a loan. Legal assistance is provided to programs when needed. We provide opportunities for families to volunteer their services to help other families, helping themselves in the process. There are opportunities for recreation and social activities. All programs have parent councils that serve as a liaison between the program and the advisory group. They have their own organization, charter, and function. We have programs for teen parents. There are fund-raising activities, and there is always a forum for feedback from families in terms of how they feel they are moving along the path to achieving their goals.

That, in a nutshell, is an overview of the program, its philosophy, and the structural components. I think that what I have been saying can richly be brought out by having our next two speakers represent the projects themselves and talk to you about their experiences and what they are doing specifically.

Sebastian Striefel: I am pleased to have this opportunity to talk to you about what I think is one of the more exciting service demonstration approaches that has occurred in the last 20 years. As I listened to the Assistant Secretary speak about striving for excellence, expanding services to meet the needs of children today, and expanding partnerships into more areas, I got to thinking that she was describing the CCDP programs as they operate today.

The title of our project is the Community Family Partnership Project. The title came out of our advisory board and staff discussion on how we could implement a program and have a name that signified what we were all about. The concept of partnership between families and the community seemed to give that indication.

I want to give you an overview of the Community Family Partnership Project and the wraparound model as it is implemented in a rural area. We are in an area serving two counties. There is a population of about 108,000 people spread over 6,800 square miles. In between the two counties there is a mountain range. The one county has part of the Great Salt Lake, so road distance can be great to go to some of the communities. In Box Elder County, Morton Thiokol, the rocket engineers, was the major employer until recent downsizing. In Cash County, the major employer is the university. We are located on the campus of the university.

What you would find if you looked across the 34 Comprehensive Child Development programs is that each is unique in terms of its location and its parent organization. When we initially started, we recruited 180 families. They were randomly divided into three groups: a treatment, or program group, that we work with; a comparison, or control group, that we have nothing to do with; and a replacement pool in case families were lost from either of the other groups. Abt Associates does periodic assessments of both treatment and comparison groups.

If you look at the demographics of our families, about 45% of the families are married, and the rest are in various statuses as single individuals. The majority of the population in our area is white, non-Hispanic. About 5% of the population in the two counties is Hispanic, about 5% of the population is Asian, and about 5% is Native American. There are almost no blacks in the two counties. The primary language spoken is English. We have a few individuals who speak only Vietnamese or only Navajo, or who speak Spanish. We had more when we started, and as we sometimes get new replacement families, we again get someone who does not speak English so that we use translators fairly frequently. The typical age of the fathers is around 32, the mothers around 28. Their education level is close to twelfth grade. The age spread of the children currently enrolled in the project is less than 1 to 5 and 6.

Most of the families in the area live in houses. Some have apartments, some live in trailer houses, and we have one in a shelter. Housing is becoming a major problem in the one county that we serve. The student enrollment at the university in a town of 32,000 has gone up about 5,000 students in three years. Rents have roughly doubled. What that means is that many more poverty-level families each year are on the brink of becoming homeless.

At the start, the average income for the 60 families was around $6,300. The current average earned income is a little over $16,000. Employment at the start was a little less than 50% of the families. It is now up to 80%, and it goes up and down from quarter to quarter depending on how many new families there are in the program and whether it is a time when there is seasonal employment.

According to our mandates, we operate on the assumption that we are going to access existing services wherever possible from community agencies and providers to avoid duplication of services. We work with the other agencies to help create services where gaps exist. For example, we have worked very hard with the state to make mental health services available to children. We created a preschool for 3 year olds, since there are no preschool programs and day care centers are at a premium in the two counties.

Our third approach is to provide direct services; all of the case management type services that Al talked about fit into that category. And of course, we serve as a last resort for services such as child care, when a family loses that because their income has gone too high or they are not eligible for some other reason.

I want to make a couple of comments on how our core services are structured. We use two approaches for early childhood education. We make a weekly home visit, providing child development services to train parents to work with their children who are 0 to 3. For the children who are 3 years old, we provide a preschool experience in each of the two counties in a preschool that we operate. We route 4 year olds into the Head Start program in the two counties.

The core area called "health services" includes physical health, dental and mental health, and early intervention for children who have been identified in the screening and assessment process as having developmental disabilities and delays.

Next I want to talk about the wraparound services, because that is really what our model is. There are 12 components: (1) to connect the staff with the family and primary caregiver; (2) to conduct a needs assessment on the family unit per se and on each individual therein; (3) to develop an intervention plan that consists of a family-based support plan and an individual child development plan for each child; (4) to link needed services with other community agencies, in essence, to the partnerships; (5) to conduct on-going monitoring of how well the goals set in the family-based support plan and in the individual child development plans have been met; (6) to advocate for parents; (7) to provide crisis services (when families get into crisis, for example, they are going to be evicted, somebody has just been thrown in jail, they have no electricity and it is winter — whatever, we step in and help them); (8) to use flexible funding; (9) to use intervention teams so that the load of working with a family does not fall on just one person; (10) to develop supportive relationships with families and between families and providers in community agencies; (11) to provide intense, long-term, comprehensive ongoing services — a key to working with many of these families (most programs that have been funded do not work with the families long enough or in a comprehensive enough fashion to make what, I think, could be a lifetime of difference); and (12) to work very close with these families, as we are very family-centered.

There are three terms that have overlapping meanings: collaboration, working together with others for a common purpose; cooperation, the association of a number of people in an activity for mutual benefit; and partnership, the relationship of partners with a joint interest. All three of these terms imply that everyone brings something to the relationship. Everyone gets something from the relationship and gets some needs met. There is a common purpose for that partnership or collaboration or cooperation to occur, and more can be accomplished by working together than by working alone. Compromise is necessary; there has to be give and take. Power and authority are shared. Knowledge and expertise, rather than positions, are the important factor. Establishing and maintaining such relationships takes an ongoing effort; you cannot just establish an agreement and assume that it is going to maintain itself. Attention has to be given to having a win-win situation and having a cost-benefit relationship. And, of course, cooperative relationships are on a continuum that ranges from those that do not work at all to those that work extremely well. In the Community Family Partnership Project, during the last quarter, we had 393 different partnerships; 99 of those included a written interagency agreement. That is a lot of agencies to work with and track.

I want to talk a little bit about the staffing pattern — not the administrative function, but the community liaison. Kathleen Watts is our community liaison. Her job is to go out and help interface with all of the job- and education-related agencies in the two counties to help our families get Pell grants, get into the university, get their first job, get a better job, learn how to make a resume, learn how to interview, learn how to dress for the interview, and the list goes on and on. She has formed some very nice relationships with human resource directors, and with the personnel office in some of the companies in our area. In that context, she has been able to help a number of our families get better jobs.

We have, in addition, a full-time data person and a full-time secretary who enter and manage data on virtually every aspect of what goes on in the Project. We have our two teachers that I already mentioned, a classroom in each of the two counties for 3 year olds, and, of course, we have classroom aids who go with that. We have three graduate students from the doctoral program in psychology who do psycho-educational assessments. Every child is assessed at least once a year using the Battelle Developmental Inventory, and we do SCLR90 [Symptom Checklist 90-Revised] screenings on the adults.

We have staff assistants who provide mental health services in the home for those families who are either not eligible for community mental health services or who will not go to such an agency because of the stigma. We have a quarter-time ethnographer who does nothing but record qualitative data. We have administrative and secretarial support. We have a half-time person who does nothing but arrange child care for the families. We have a parent trainer who runs parent training and support groups and arranges these kinds of activities with other community agencies. We have the equivalent of 1.25 rather than 1.0 men's specialists, two individuals who do nothing but try to interface with the men in these families to get them involved in their future and in their families.

We have a supervisor for the people who go into the home on a daily or weekly basis, and then, of course, we have the family consultants. These are the individuals who do a wide variety of things in the home, brokering services as well as delivering direct services based on what a family has identified as their own particular needs. We recently hired a psychologist to coordinate the mental health function piece and to start providing some family therapy for families who need service but will not go elsewhere. I could go on and on, but I am going to quit here.

Martha Staker: Come with me on a trip. You are coming to Kansas. You have heard of Dorothy there, but the story you are going to hear is not really about Dorothy. It is about poor and disadvantaged families. The University of Kansas is the site for Project EAGLE, an urban project that is serving 120 families — approximately 500 people.

EAGLE is an acronym that stands for Early Action Guidance Leading to Empowerment, a title chosen very carefully to recognize that we must empower families. Our goals are much the same as the national goals, but I want to mention one additional goal and reemphasize what has already been said. The additional goal is to see if it is possible to create a collaborative model where 60 to 100 agencies train together and work together to serve families. I want to reemphasize that this is a research demonstration program, with our goal being to impact local, state, and national policies that affect children and families.

I want to emphasize the Project's philosophy. I think we have all seen the disadvantage of providing categorical services that come from a deficit model. The approach of the Comprehensive Child Development Program is to build on strengths, to talk with families in order to understand their strengths and help them move forward.

The following will help you understand Project EAGLE better. Project EAGLE is in Kansas City, Kansas — Wyandotte County. Historically this was an area where the automotive industry had a lot of its assembly plants. Many of these have closed. As a result, our unemployment rate is extremely high; it rose to 10.8% in July of 1993. The infant mortality rate is 14.2% in Wyandotte County, and the poverty rate is 36%; i.e., 36% of the children and families in the community that this project serves have incomes below the federal poverty guidelines.

We have a wide range of projects participating in the CCDP, and within the projects there is diversity of families. At Project EAGLE, 66% of the families are black, 24% are white, and 10% are Hispanic. Almost all families within our project speak English. The project is very fortunate to have two full-time staff who are bilingual. I also want to point out that the CCDPs have striven to hire staff who reflect the populations we are serving. So we have the same diversity within our staff as the population we are serving, both at administrative and frontline levels. That has been key to the success of our project.

We are serving 120 urban families: 210 children less than 6 years of age, 150 adults, and 80 children between the ages of 6 and 18. We are providing services from prenatal care or the newborn stage all the way to the grandmother, grandfather — services throughout the lifespan.

I want to point out that when we began our project, 29% of the mothers were teen mothers, and now, in our fifth year, the highest percentage of mothers is between 20 and 25 years of age.

If you lived in Kansas City, Kansas, you probably would not be living in subsidized housing. You might say, "Oh that's great. They must be doing pretty well." Every family in our project qualifies for subsidized housing, but the community and county have chosen not to expand the number of subsidized housing units in the last decade, so families do not have that as an option.

Half the families in our project do not have cars. Half the families in our project have no phone. The average income at the beginning of our project a little over four years ago was $4,011 per family.

I would like to quote from three of the presentations given yesterday that reflect the approach of the Comprehensive Child Development Program. You heard that we must give development initiatives priority and provide sustained activity and support in that direction. We must offer stability to a child over time, and we must develop projects that not only teach but are responsive to children. When CCDPs were set up, we kept that in mind. Services are comprehensive; they are intensive. Families receive either a weekly or biweekly home visit, depending on the child's needs. This is a continuous service for 5 years, regardless of the family's income or social condition.

We have learned from our mistakes that, by withdrawing services too early, sometimes a family will fall right back to where they were. So even if a family's income rises to $25,000 or $30,000, they will continue to get some of those initial services. We are committed to them, and they are committed to us to stay together for 5 years.

I am not going to spend a whole lot of time on this, but I think there are four components that have made our project very successful. These are (1) the home-based model, (2) the "medical home," (3) case management, and (4) the comprehensiveness of services.

We are a *home-based* model. We go to our families every week. This approach overcomes the major barrier of transportation. EAGLE provides home-based, comprehensive services, but I want to emphasize that even the literature reflects the importance of home-based services. For an individual who says, "I'm too embarrassed; don't make me go to junior college and sit in a GED class," you can say, "Okay, will you study in the GED program if we come to you one-on-one every week?" "Well, I'll try it." To the mother, the father, the child who needs mental health services but says, "I don't want the stigma of climbing those steps to go into that mental health center," you can say, "Okay, we'll bring mental health service to you."

Our intent at Project EAGLE has also been to get every family a ***medical home***. A medical home is a place where families receive health care and know who their primary caregiver is. Family members can call their doctors by name, they can call them on the telephone and speak directly to them or the nurse or the health care team member, and the health care team member will recognize them and call them by name when they come into their office. Let's help families to use the health care system for health promotion and prevention and not just for acute health care.

It is a mistake if you think case management is a service. *Case management* is a process through which you integrate services and maintain quality. It is through the case management process that we assure the integration of our comprehensive and intensive services. And those are just some of our approaches.

Here is how the Project EAGLE model works. We have 11 Family Support Advocates in our project who visit families weekly — every member of the family. During that home visit there is an emphasis on three things: early childhood education, parenting education, and case management services. We encourage each home visitor to spend from 60 to 90 minutes at that home. Personal relationships are developed and form the basis for change. The Family Support Advocate carries a caseload of 11 families in our project. Backing the Advocate up are five Family Support Coordinators with expertise in early childhood education, mental health care, family relations or health issues, employment, education, and a management information system. Backing the Coordinators are the formal interagency agreements that we have in place. We use the "Parents As Teachers" curriculum for early childhood education. All of our staffers are certified in "Parents as Teachers," a curriculum that promotes parents as the primary educators of their children.

One of the unique positions we have created at Project EAGLE is a "float." This is a person who is available to support the family when their primary advocate is sick or on vacation, or when we have a turnover of staff. The float supports families when someone is not there. The transportation specialist not only drives a van and helps with transportation but is also completely trained in case management and in the IFSP [Individualized Family Support Plan] and IEP [Individualized Educational Plan] processes.

Empowerment has to start off with empowering a staff. We have to empower staff who can empower the family but also then work to empower a community. All three aspects must be present for a program to be effective. Cross training of the staff members of the different agencies provides continuing education in a consistent philosophy of working with families.

We talk about cooperation, we talk about collaboration, but it is a lot more than just signing agreements. For example, with SRS [Social and Rehabilitative Services], JTPA [Jobs Training Partnership Act], and the Health Department, we get those staffs together with our staff at least twice a year and share how we can work and support each others' missions and goals. Cross training of the key staff is critical in this whole initiative.

The CCDP initiative has been extremely fortunate to have had a management information system to support it. Extensive data are being collected in the areas of administration, education, family services, and health care services. I cannot tell you enough as an administrator how valuable this system is — to have reports on just about anything I want, to track and monitor it, to reward people for what they are doing. I am probably the strongest proponent you can ever imagine of this concept of management information systems: everything from tracking and monitoring immunization, all the way to tracking and monitoring prenatal care to early childhood education. We have the technology, and we need to be using it.

In conclusion, I would like to talk about where we want families to be after 5 years. We have adapted an interesting tool out of the University of Iowa to help us track progress. Our outcomes have been good: 72 babies have been born since the beginning of the Project. Average birth weight is 7 lbs. 1 oz. The average gestational age is 38 weeks. The rate of c-sections is 12% to 14%.

Only 27% of the adults in our project have less than a high school education; it was over 50% when we started. There are 73 adults currently enrolled in formal educational programs compared to less than 20 when we started. And there are over 32% enrolled in community colleges, 26% enrolled in GED classes, 23% in high school, 1% in a master's program, and 18% in other programs. We have 90 people employed in good jobs. We had 27 people when we started that were in low-paying, "going-nowhere" jobs, and we now have 90 people working.

The challenges for CCDPs are to identify the right leadership, recruit the right staff, and establish the components depicted here. We have learned that case management is a process, and the educational curriculum to support this type of initiative is critical. We have learned how to recruit the appropriate staff and establish an effective organizational structure. We have found strategies that are effective in changing behavior. And, most importantly, we have learned that caring makes a difference.

I would like to say that there must be mutual respect between the people within the program and the families served. I hope you will walk out of here remembering CCDP because it is an exciting initiative with the potential of positively impacting children and families.

Allen Smith: As I said earlier, there were two components to the evaluation. There is a process evaluation and an impact evaluation. We have two separate contractors who are involved with that. The process evaluation is being done by CSR Incorporated, and the impact evaluation is being done by Abt Associates. I would like to call now on Bob Ketterlinus, who is a project director from CSR.

Robert D. Ketterlinus: Al covered pretty well the characteristics of the sites. I want to mention a couple of additional things that are important. A lot of programs talk about "variation" and "programs" and "comprehensive," but until you see what they are comprised of, I do not think you realize the degree to which that is true of CCDP. CCDPs are spread across the country in all 10 DHHS regions, in urban and rural regions under a variety of auspices, including six sites which are under the auspices of Head Start grantees.

Martha talked about their staff patterns; I have a sample one here and I want to focus in on one aspect in particular. You were here yesterday for Urie Bronfenbrenner's talk. He talked about the importance of parent involvement and how much Head Start focuses on that aspect. CCDP also focuses on parent involvement in terms of those proximal processes that Urie talked about and also on parents' role in the administration of the program and setting policy through membership on the community advisory board — to keep them honest and remind them whom this program is really meant to be for. Also, there are the parent councils, where parents get together and plan activities and vote on the parents who will sit on the advisory board. The parents are encouraged to be very involved in the program.

The other aspect I want to focus on is the data managers. They have a critical role. We have learned from site visits that the stronger programs have the strongest data managers, those who get the data into the systems accurately and on a timely basis, so project directors can use them as an administrative tool. We also use them when we go on site visits to monitor programs. We have certain standards, like Head Start's Performance Standards, that we test you guys on once a year. We use the data for the process evaluation, and some of the data will also be used in the impact evaluation — eventually.

Another thing to remember about these projects is that they are implemented in communities where service networks are in place to more or less of a coordinated degree. Our ethnographers — the designers of these guidelines — early on had the foresight to look at the extent to which the service networks were coordinated. This is an important aspect, because one of the things the CCDPs do is pull the services together for families, not just provide them on their own. According to the ethnographers, 9 of the 21 projects had coordinated service networks, and 18 did not. Unfortunately, I cannot tell you what they look like now, because that is part of the interim report to Congress that is being reviewed by ACYF, but we will hopefully have that information available soon.

The families that we deal with in the process evaluation are all those that have ever enrolled in CCDP — not the comparison families but the experimental group — plus all the other families that have come in as other families have dropped out and been replaced. There are about 3,300 families in our process evaluation and, more importantly, almost 15,000 individuals who are participating across 21 of 24 sites. Three sites are not included in the evaluation because of problems with random assignment.

The types of family members who are in CCDP include mothers, of course, and their focus children; siblings are also a large part of the program. Fathers are about 9%, which is probably pretty good, and all the projects have a male involvement component. There are other family members — aunts, uncles, grandparents — and a few nonfamily members, such as foster parents. CCDP serves them all, regardless of where they live. Fathers living outside the home who are primary nurturers of their children, at least on a part-time basis, can receive services from CCDP. The family configurations are too numerous to go into here, but the CCDP projects include any combination you can think of.

We are in the fourth year of the project, and here are some of the policy questions we are going to be looking at. First of all, are the families enrolled in CCDP those who can benefit most from a program like CCDP? This concerns the fit between families and the program. Second, was CCDP implemented as intended by the legislation? Are families utilizing available services, and if so — the big "C" word — at what cost? This is an issue of feasibility. Third, what impact have CCDP projects had on communities? We are looking at the effect that CCDPs have in the community at both the service delivery and systems levels. This is an important policy question but also an interesting methodological question, because you have the issue of saturation of services in the community.

I have some questions about whether or not some of the control group families are possibly being affected by CCDP because the CCDPs are creating a new network of services. We are going to be looking at that, largely through the qualitative data we are collecting through ethnographers. And finally, how have families benefited from CCDP, and are they satisfied with CCDP? These are not impact questions. We do not have the data that can talk about impact. Abt's experimental design is the appropriate study for that.

The following is the conceptual model that we are using for the process evaluation and the feasibility analysis. Although this model seems complicated, it is actually very simple. It is based on three ideas from three different theoretical frameworks: ecological theory, lifespan developmental theory, and organizational theory.

Out of the ecological framework comes the idea of context. We see the projects as being in context; you cannot assess them out of context. The context provides the structure within which the projects develop, and it also serves as a source of input into the projects. Projects are embedded in their grantee agencies, which vary — in their own emphasis and in their experiences in the human services field, for example. Projects are embedded in the local community, in the city and the state, and also in culture and society — Bronfenbrenner's model, those kind of concentric circles. Families are also embedded in contexts. They are embedded in the context of the project they are involved in, in the context of the community, and also in the culture. And then individuals also are embedded in a context — most importantly, the context of their families and their extended families, within the project and in the community.

Another important concept is stability and change — coming out of developmental theory and organizational theory. We see all these different levels as interacting, not only in a single direction, but having reciprocal influences — feedback loops. We think it is particularly important to keep track of the lifecycle of the projects. What we call the "lifecycle dimension" is somewhat correlated with a chronological dimension but is also separate from that. Projects go through their own lifecycles — from start-up to growth and transformation, to stabilization and even institutionalization. We are going to be looking at this through the ethnographers' reports.

The feasibility component, as I said before, asks the question, "Is it possible to implement CCDP as intended?" We are going to be looking at how CCDPs are developed out of the community resources and support grantee agency, the local project resources, and family characteristics. The process evaluation, on the other hand, will look at the interconnections between those components of the model — not at impact, but at what I call "process outcomes." There is a big emphasis right now on doing evaluations that include accountability. One way to think about that is, "Are families utilizing the services they are offered? Are they participating in the programs?" We are not comparing them to a control group, but if they are not utilizing the services, we are in trouble! So we are going to evaluate service utilization and goal attainment.

Three additional outcomes that we will be assessing are attrition — we are going to look at reasons for attrition and patterns of attrition over time; effects on the community; and also cost — both for the programs as a whole and also for different components of the program.

Finally, about data sources. We will be using a mixture of qualitative and quantitative data — both to triangulate on answers and also as cross-validation. We have the MIS [Management Information System] that Seb and Martha both talked about. We have case studies done by the ethnographers. We have project proposals, which talk about the models as the project directors originally intended them. We have progress reports that come from the project directors on a quarterly basis, surveys of various members of the projects' advisory boards, and also our site visit reports, which are a rich source of information about some of the barriers and the problems and the strengths of the programs. We have an annual report that was published in 1991.

Robert G. St.Pierre: It's a bit of an anticlimax, because two years ago at this meeting we talked about the design for the impact evaluations for CCDP, and here we are again talking about the design for the impact evaluations for CCDP. That is part of what we referred to earlier in the morning, that this is some of the investment that Wade Horn started when he was in office. We do have a draft report that is being reviewed by the folks at ACYF, but I guess it is not available for public consumption yet. But we are moving, and that is encouraging! There are lots of questions we are trying to address in this study, but you can summarize them all by saying we are trying to figure out what the impacts of this program are on participating children and parents.

We do have a randomized experiment. The legislation called for that in each of the 21 sites participating in the impact study. Families were randomly assigned to be in the program or not. There are sample sizes ranging from 120 to 240, depending on what project you are in. There are 4,400 families in the study sample that we are dealing with, the impact study sample. We have a whole range of baseline variables on those families — for instance, family income, whether the mom is a teenage mom, whether there is a father in the home.

We are collecting data on children — the focus child of each family, or at least the child that we are measuring in each family, and only one. I realize there may be several children being served, but that is one of the compromises you and the families make when you are doing a study like this. Maybe there are 10 people being served in a family, but we cannot measure all of them. So what we are doing is measuring a child and a parent — usually the mom. And we are measuring those children when they reach 24, 36, and 48 months of age. The report we are working on now talks about children and the effects on children as they reach their 24-month birthday and the effects on their parents. We try to measure them at that same point in time.

There are several steps to the analysis, the overall obvious one being how the CCDP families look compared to all of the control group families. We have that analysis; we are computing the effect of CCDP in each of the 21 sites.

ACYF has a lot of interest in going beyond that, doing things such as subgroup analyses. For example, if you were to divide the samples into moms who were teenagers when they had their first child, as opposed to moms who were not teenagers when they had their first child, would the effect of CCDP differ in those two groups? If you were to divide the sample into moms who were high school graduates versus moms who were not, again do the effects differ across those two groups? Do the effects vary on the outcomes of families that had incomes below 50% of the poverty line, as opposed to those families with incomes above 50% of the poverty line when they started the program? There are questions about the effects of amount of treatment. Does the number of years that you are in make a difference? Or does the amount that you participate while you are in make a difference?

Those are difficult questions to answer, because some families leave CCDP for reasons that relate to the kinds of outcomes that are trying to be achieved. Some families actually leave because they achieved some goals and they do not want to be in the program anymore! Others leave because they did not like being in the program in the first place! I do not know the answers yet, but the fact that this happens complicates our lives when we are trying to ask, "Do the effects of one year differ from the effects of 2 years, or of 3 or 4 or 5 years?"

Finally, one of the pieces that is going to be important is what CCDP can tell us about Head Start, and how the effects of CCDP differ from other studies we have looked at. It's not like someone sat down 20 years ago and drew up a grand plan for what the research was going to be like. We have studies of different models with different costs and different benefits. Some of the models focus first on children — I would say Head Start is one of those. Some of the models focus first on family literacy — I would say Even Start is one of those. Some of the models focus first on family support, and CCDP is one of those. They are all trying to solve the same basic problem but are doing it in different ways.

One of the difficult problems ACYF has in the end is to weigh all of that and, given the CCDP model, its costs, and its benefits, tell us about where we are investing our money — is it better, more expensive, different? How does it stack up against other models that are trying to achieve the same effects? We have lots of measures that I have divided into two pieces: service measures and outcome measures. For example, we have measures on the physical health services parents received. Did they see a doctor? Did they see a dentist? Did they participate in AA meetings? We have measures on related physical health outcomes. How do they perceive their health status? Did they use alcohol or drugs? Has that caused them problems? We have information on the pregnancy outcomes for women who have had a baby after they were enrolled in the program. We have information on mental health services and outcomes. All these data are gathered through a face-to-face interview with the mom.

We have a whole list of things we call parenting outcomes — attitudes that in previous research have been linked to abusive and neglectful behaviors: expectations for the child, something on the parent/child relationship, how much time was spent with the child, the perceived closeness to the child (both for the mom and for her partner), and whether the partner is in the home. There is an observation we do where we give the mom a teaching task and code aspects of the interaction between the mom and the child. We ask if they have received the whole set of economic self-sufficiency services that are being provided. "Are you working towards a GED, towards a high school degree?" There is a long list of economic self-sufficiency outcomes: "Do you have a job? How many hours are you working? How much are you getting paid per week?" There are scales to measure life skills and social connectedness. There are lots of questions about work-related attitudes: "If you are not looking for work, why not? What are your attitudes towards work? Are there barriers to finding a job?" We ask something about satisfaction in the job if they have one.

We struggled about what we call the "family outcomes" as opposed to "parent outcomes." But there is series of issues on who the child lives with, whether the biological father is in the household, or whether there is a different father figure in the household. Have the siblings moved around? How much is there in he household in terms of people moving in and out?

For the children we ask questions similar to those for parents: What sorts of physical health services are they using? What is their overall health status? What about their immunizations? Have they been hospitalized for injuries? Do they brush their teeth? Are there seat belts? There is a series of questions about child development services: Do you use work-related child care? How many months? Do you use other forms of child care and how many months? Finally, another set asks about social/emotional outcomes for the child.

Michael Lopez: The draft impact report, which we are in the process of finalizing, contains a lot of information, and many people here have been working long hours trying to figure out how to make sense out of all this information. Because this report goes to Congress, we are somewhat bound to make sure that we do not scoop our congressional brethren, since they are the ones that are giving us the ability to do this and should get first chance at being the ones to say, "Here's what our wonderful project that we conceptualized and funded was able to achieve." We are hoping to give them a lot of good press and a lot of good stories to tell; we are on a very fast track to get it done.

There are a couple of things worth noting as we wrap things up. There is Head Start expansion. There is a 0 to 3 interest. I think this is a 0 to 5 program, but it is more than that. It is a family-oriented program with a lot of implications, not just for Head Start 0 to

3 programming, but there is welfare reform, health care reform, all the services integration work, the family support and preservation work. We are trying to conceptualize how to spend a billion dollars for both program and evaluation on family support and family preservation, and CCDP is a great model to add to the hopper of all the different types of programs that should be considered. I hope that some of the CCDP programs actually play an active role at the state level when these family support, family preservation state initiatives are conceptualized and carried out. I would hate to see this integrative thinking get lost.

From an evaluation point of view this project represents 21 replications — sorry, we are up to 34 — of a conceptual model. It is not necessarily one tightly-controlled because of the local variability that has been encouraged in the different communities — different service delivery systems, different state and county level regulations, different legislative issues to deal with.

As for the Head Start perspective, there has been a lot of attention paid to how much mileage has been made out of the Perry Preschool data. The Perry Preschool study has been both a blessing and a curse for Head Start. It is probably one of the main reasons why Head Start has continued to flourish, but on the other hand, it is also a reason why Head Start research and evaluation initiatives sometimes take a beating. Being so closely integrated with some of the Head Start Performance Standards, there is a gold mine of data in this project that we will probably be spending quite a bit of time on over the next 30 years, if we are lucky like the Perry Preschool group.

There is also potential for following up these kids. Many of them are of the age to be entering Head Start, so we have a great chance to see what happens when these programs link up or do not link up with Head Start. Some of the programs have negotiated relationships with Head Start. I know one of them — Avance in San Antonio. Graduates of their project have first priority for Head Start slots, so this has clear implications for what we can learn from this effort that directly ties into Head Start, early childhood intervention efforts, and general systems integration efforts and family support — the whole range.

Finally, we are hoping that as soon as this information gets out, those of you who are interested and invested in Head Start and CCDP and other early childhood intervention programs will take a close, critical look at what it says that we might not have picked up on. We are very open to any suggestions or criticisms that will help make these projects not only work but flourish.

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Head Start Demonstrations

Head Start Demonstration Project: Head Start/Public School Early Childhood Transition

Chair/Discussant: Martha Moorehouse

Presenters: Michele Plutro, Linda Kolbusz, Craig T. Ramey, Sharon L. Ramey, Youli Mantzicopoulos, Carolyn Jarvis

Martha Moorehouse: This panel is going to provide an overview of the nature of the Head Start/Public School Transition Demonstration project — a project to deliver comprehensive program services in an interesting, innovative, and challenging way.

I have started thinking about the fact that this is both the best of times and the worst of times for a project like this. It is a terrible time in terms of the overall quality of schooling for many low-income children and their families. At the same time, the concerns about public schooling have reached a crisis that has really created a climate where there is much more pressure and support for trying to do innovative work in the public school system. Similarly, within Head Start it is both a time of crisis over program quality and over issues of long-term effects for programs. But it is also a time of renewal and reemphasis on the value of the program: rethinking what it takes to sustain gains made in early child development over the long term and what kinds of processes, including the transition into school and the on-going adjustment and success in school, we need to be effecting to enable development to continue to grow and flourish over the longer term for children and their families.

I would like to emphasize that the project itself is an experiment in about every way possible. It is an experiment at the local level, where transition services are provided on an experimental basis — a randomly assigned basis — to children and their families. It is an experiment at the local level because it is a joint endeavor through the Head Start agency, the local educational agency, and a local evaluation group. There is a fourth level of collaboration and experimentation that has emerged and has related to all of these different players in the local community. It has been an experiment between a local evaluation effort and a national evaluation effort. Both activities have been supported. It is also, I would say, an experiment at the federal level. There are few models and knowledge bases of experience from which to administer and support a project of this scope and complexity out in the field.

Michele Plutro: What I want to do in my part of this panel presentation is to leave you appreciating that complexity and give you a very small picture of what it is that we are about and what we are doing. I hope to share some of what this Transition Demonstration is, as well as some of what it is not. I want to briefly say, from the national level, that this Transition Demonstration has an implicit and an explicit character to it. Some things are by design, and some things are not.

I want you to be able to appreciate the very difficult situations and obstacles that are posed by both the program design as it was delineated in the original RFP, as well as the way the local programs have continued to add layers, or create relationships, among the very elements of the program design that were created federally. I want you to appreciate the difficult situations and obstacles that face the evaluation and the research designs, which have to respond to the multiple dimensions of the program.

"Transition" in this demonstration has been redefined. Most of us who have any history with early childhood, Head Start, or special education programs have long viewed transition as the transition from home to school — preschool in this case — or the transition from Head Start to entry into public school. That transition is a time-limited event, often given attention in the spring or fall of the year.

The *Federal Register* clarified for purposes of this demonstration that we were not free to implement this demonstration in a way that viewed transition as simply transition from home to school, or from preschool to school. Rather, transition is now defined as a year-long process, every year, beginning in Head Start and concluding with this demonstration at the end of third grade. Further, this definition of transition includes an array of comprehensive services for both the child and his or her family.

Without explaining the Head Start program, I hope that it is safe to say that this Transition Demonstration is introducing the four Head Start components — health, parent involvement, social services, education — into the public school arena. Once you know that much, you can begin to appreciate the difficulty that we are experiencing. This demonstration should have been called "Follow Through," because it follows children and families into public school with Head Start-like services. But Follow Through already has an existence. It should have been called "BES" (Basic Educational Skills), because it builds the skills of parents in issues related to their children, children's schooling, and a governance voice in issues that impact their children. Those of you who have a history with Head Start know that BES had a transition component in it, and that it offered and supported a great deal of parent involvement in individualized, very meaningful ways, not only for the advancement of the parent but for their ability to be a support to their children as they went through the school system. So we could not call this demonstration BES, either.

It should really have been called "PDC" (Project Developmental Continuity). I still believe that that is the best descriptor of what we are doing. Perhaps the major difference between this developmental continuity project and the previous PDC is that we are focusing on families and other systems, in addition to creating a continuous experience for children. So we are called simply "Transition Demonstration." You could help us in the field by spreading an understanding that this is not the old narrow-window definition of transition.

Here is the first lesson for those of you who have come to this conference as researchers and evaluators. We need help. Help programs to know and understand and use what is learned from your research and evaluation efforts. Not even those of us initially charged with implementing it relied enough on, or made enough sense out of, the original outcome reports of Follow Through, BES, and PDC, or any other early childhood efforts that could have and should have influenced the initial and the continuing developmental design of this implementation. We need your help. What does what you learn mean, and how should we change our practices? Particularly, should it impact policy or practice, or both?

I mentioned that this "transition" design is explicit. We have an extensive family support component. Supportive social services is part of the legislative mandate and strives for a case management load of 1:35. In contrast, the national average for family support coordinators and parent involvement specialists in Head Start approaches a figure in the range of 1:150-200. That is part of what we are testing out. We may, in fact, find that it does not need to be 1:35. Local projects have to be responsive to creating developmentally appropriate curricular practices, beginning in Head Start and continuing through the third grade; implementing comprehensive services; and giving attention to health and social services in a school environment for families. Parent involvement has been defined in a very similar manner to Head Start's policy council. Each local project had to create a governing board. That board, with 51% parents, has a role in decision-making for all the implementation, personnel, and budget that are tied to these projects. This has been extremely difficult in school environments.

Here is the second challenge to you as a group. Do more participatory evaluations. Design evaluations and research efforts so that program has an on-going role — something beyond discussions or joint meetings. Ask programs what it is they would like to know, and then use your expertise to explain how they could come to know what they do not now know. Make this a developmental process, so that as the program grows, in fact, the evaluation grows. Plan for what is learned from the evaluation to reenter the program on some level and continue on this developmental course in the relationship. We still need some very simple information in the real world of Head Start and public schools, particularly to implement a demonstration such as this. For example, we want to know which parents participate and which parents do not, and why they do or do not. Many more simple questions would be extremely meaningful and could significantly impact the way programs operate.

Linda Kolbusz: It has been quite a challenge and a test of flexibility in school systems and in communities. One of the things that we have found is that the administrative support is so critical. In our particular site, we have looked at capacity-building as being, ultimately, the most important thing, and we have looked toward the administrative support — not only from the school districts. We cross three school districts at the northern end of the county and have about 220 square miles. The idea of transition as we are now looking at it, as continuity, has been a real challenge. We had to look at different kinds of staffing patterns for the schools.

There was the issue of the local governing board. Who sits on the board and where do they come from? People did not understand what that was. Now we have representatives of the local fire department, police department, the United Way, all in there with others making decisions. Shortly, they will be taking a look at a new day-to-day coordinator for our program and be involved in the interview process. And they are all set with their questions; they know what they are looking for. They were involved in hiring a principal for our early childhood development center.

One of the things we discovered was that all of this information about developmentally appropriate practice, family involvement, wellness, and social service involvement was something that people thought they understood, but they did not really know how to implement. We ended up creating an early childhood center, something that people could see, feel, touch, hear, and go in and out of on a daily basis. They could see what it means to have on-site clinics for immunizations and what it means to have doctors volunteer their services to give physicals and immunizations. They were able to see this and say, "Why can't we have adult education classes right at our building?" Parents of children in the schools were attending ESL, GED, and ABE classes, getting transported there and having child care, but it wasn't in their own neighborhoods. It has been not only an experiment, but a real growth process, as we have moved along the continuum to what transition really means. The collaboration at the local level among the school districts and the agencies was massive. We are trying to get — within our own state and at the federal level — the agencies that are supporting us to collaborate.

The marketing factor about the importance of continuity has been really important — not only to the parents and other family members, but also to everyone else in the community. There are a lot of people who have deep-seated ideas, beliefs, and values who do not understand that there are other value systems. We need to insure continuity for all children and families, marketing to our suburbanites as well as our urbanites with these kinds of services. We have all kinds of people who participate in our family involvement programs and in our wellness clinics. Having them participate together has been really good, as we have the heterogeneous grouping. We know that for children that is good, but we don't seem to go beyond that for families. Our ability to do that at this point in time has been effective.

The evaluation process has been an interesting one. We have a national and a local evaluation. We decided early on that we would do partnership evaluation. We have an advisory committee for evaluation, with all of the stakeholders involved. Nothing is a surprise this way. We have the program informing the evaluation and the evaluation informing the program, so that there is constant change happening as we grow and develop.

One of the major things is the capacity-building, making sure that all of this lasts. We are looking to some of our ongoing funding sources, like Chapter 1, to be capacity-building. I got a phone call just yesterday from an excited principal saying, "Our personnel department said we can pay for half of a family educator this year. What do we do now? How do we do this? We want to make sure that it happens."

Craig T. Ramey: This is a nontraditional activity that we are engaged in. And we are engaged in it in nontraditional ways. We are trying to pioneer some new ways of thinking about the relationships between programs and the information-gathering activities that we collectively refer to as research and evaluation.

A couple of words that really need to be underlined and stressed: one is that this model that we are engaged in is a *partnership* model at every level. At each of the sites, it is the Head Start programs, the public school programs, and the local research efforts under the guidance of wonderful universities. The idea that there would be both a local effort and a national effort is brand new. We are learning a tremendous amount as we go down the road. We are learning from qualitative perspectives and quantitative perspectives. I think the thing that stands out in my mind so far, from a national perspective, is the tremendous diversity that exists in this country. To see the diversity that exists in populations at individual sites, to see the diversity that exists in philosophies and approaches, is a wondrous thing. It breaks all stereotypes of our being in any way a monolithic society in which a single approach can ever be adequate to get the jobs done inside this complex effort.

In order to try to capture this diversity and to bring order and insight to it, we are using a variety of approaches. Let me begin by acknowledging the influence that Urie Bronfenbrenner and others who think about socioecological perspectives have brought over the last 25 years, and how important it is to try to capture the multitude of different influences that shape our development. The sources of data that we are participating in collecting include interviews with children, various forms of assessments, interviews and questionnaires with parents, questionnaires and ratings and ethnographic inquiry with teachers and principals, direct observations of classroom practices, and collection and analysis of the existing school records. These are only a sampling of the kinds of methods. This is being done within the context of a research design that does two things: first, it recognizes the diversity that exists at each and every site; second, it asks each and every site to form initially equivalent groups of schools into which children enter. Those schools differ with respect to whether the Transition group program elements were present or not.

Each site formed two clusters of schools that were initially equivalent on a number of characteristics, such as demographic characteristics. Schools were then randomly assigned as a cluster either to the Transition group or to the Comparison group. Transition is not a one-shot process, but it is, in fact, something that goes from Head Start through kindergarten, through first grade, through second grade, through third grade, within the context of this particular study. We have a longitudinal, if you will, perspective on transition.

We are at the beginning point of being able to document the kinds of program effects that are anticipated and to look for the kind of unanticipated effects that occur in every study of this magnitude. The key questions being addressed in this study include the following: (1) Is the Transition group program associated with higher rates of successful transitions? (2) What have been the barriers and difficulties encountered in implementing the Transition group program? (3) What characteristics of sites are associated with more successful implementation of the Transition group program and higher rates of successful transitions? (4) Which families are most vulnerable to poor transition experiences? What are their characteristics, their needs, and their service gaps? Are there subgroups of families and children who benefit more from the Transition group program than do others? If so, who are they, and what are the likely reasons for their more positive developmental outcomes?

What we mean by successful transition is that there is good mutual preparation for school — "mutual" here meaning on the part of the schools, on the part of the families, on the part of the children; that there is comprehensive family support; and that there are positive expectations and values in this system to promote what then are five key indicators of successful transitions. In each of these cases, there are multiple methods to measure each of these elements, both at given points in time and at multiple points of time across the transition process. Sharon will briefly discuss those measurement strategies and where we stand.

Sharon L. Ramey: The definition of successful transition emphasizes that the child is not the only outcome and the family is not the only outcome; there is a real balance. The heart of our presentation is understanding what a successful transition experience is and how we begin to tap something that is very rich, very subjective, and quite varied, depending on where it is being delivered, who the family is, who the child is, and where the school district was when the project began.

First, we think that a successful transition experience over the years will be characterized by children, themselves, having positive feelings towards school, towards peers, towards teachers and supportive adults. That means that you need to talk to children. We are getting data from children. This is very rare. Usually children are the silent participants in research studies, and we get traditional standardized scores. We are talking with children and asking them each year what is happening, how they are feeling.

We think that this is an important element. We also talk with the teachers, the principals, and the parents, and we observe. We think that children should show progress in school — progress on many fronts, not academic only. In addition to academic progress, we expect good social and behavioral adjustment, good work habits, and good participation in a classroom environment that promotes cooperative kinds of learning. We have a variety of strategies for measuring that.

We expect to see positive family involvement, so that the parents will feel good about school, families will participate in their children's learning, both at home and in terms of working with people in the school setting. We build upon Head Start's progress in getting parents active, involved, and taking a lead. That is why components like the governing boards are so critical to the success of this. Another outcome of a successful transition is that the schools are adapting to the children. They are increasing developmentally appropriate practices, changes that we can see when we come in, even for a short time. These are practices that the teachers, principals, and parents can report to us, in terms of programs being adapted to where children are, and where the next steps lie. Finally, there is evidence that the communities and service providers are truly working together; the partnership itself has been successful.

All of these collectively provide positive evidence that the Transition group programs are making a difference in the lives of everyone concerned. This whole effort has been guided by a recognition that we are dealing with culturally diverse populations, urban and rural settings, people who are recently immigrated, people who have sometimes been in one place for many generations, and people from various cultural backgrounds. We believe that culture does influence the transition process and that it needs to be considered when we begin to think about how to design and implement a transition program. We need to understand the family cultural values, beliefs, and practices in order to really meet the needs of those who are participating. As researchers, we have an obligation to select measures that take into account cultural appropriateness, that are sensitive, and that have been used successfully with diverse groups. That is a challenge because, historically, there have been few measures that are adequate.

Finally, I would like to give you a sense of how we are going to analyze an extremely rich national data set, complemented by equally rich and sometimes more informative local data sets. Eventually, all of the information gathered will enter the public domain, and all of you here and other people you know — program people, as well as scientists and students — will be able to access the information gathered, to know how it was collected. You can explore it to see if it is useful to you.

We are looking very closely at what is contributing to more and less successful Transition group programs. We are doing this at the level of the child, the family, the program, and the community. We are not saying, "Does it work — yes or no?" We are doing information-gathering to increase what we know about children and families in programs. We are looking at children's competencies — social and academic competencies — developmentally. We are looking at the progress, year after year, over a 4-year period, of how a child is advancing relative to where that child began. We are not taking scores and converting them to national percentiles. What we are saying is, "Is that program helping them advance at rates that are better than would occur if they did not have these extra supports?"

Finally, the comparison of treatment and comparison groups must really take into account what services families are receiving. Some of the local communities were already doing transition. We do not want a local site that had a good school district in the comparison group to be faulted and say, "The Transition group program didn't make a difference, because you have a good Comparison group." We need to take that into account and realize how complex school systems are.

Before we do any national data analysis, combining information across the 32 sites, we will look at each local site's data set. In collaboration with people from Head Start and the school and the researchers, we will come to an agreement about what the data are showing us before we then proceed to doing meta-analyses combining data from different sites. Our goal is to have the way in which we measure success, the metric of analysis, facilitate practical and policy-relevant findings.

Youli Mantzicopoulos: I thought I would provide an overview of one local evaluation and discuss some of our findings related to the classroom environments in the schools. The Head Start/Public School Transition Demonstration grant was awarded to the Kokomo Center Schools in Kokomo, Indiana. The population of the town is 50,000, and the school system enrollment is 7,711 students. The Kokomo Center Schools serves as the Head Start grantee. There are 136 to 140 students who pass through the Head Start center each year. Our local evaluation team has the opportunity to establish baseline data on these Head Start children. That is a unique feature of our site. Another unique feature is the fact that the Head Start center had only been in operation for 4 months when the Transition grant was awarded. We feel that everyone has the opportunity to grow and develop together. All Head Start teachers have early childhood certification; three out of four Head Start teachers have their Masters' degrees.

I want to mention that developmental appropriateness is something that is emphasized in each of the projects. Our site put a great deal of effort into training and staff development for this area. It was felt that the teacher trainings — joint meetings between Head Start, kindergarten, and first grade teachers — would encourage discussion about classroom practices and about continuity of practices. Then, during the year, the teachers attended conferences on language, cultural appropriateness, and developmentally appropriate practices. The project emphasized meetings once a month between kindergarten, first grade, and Head Start teachers to discuss changing the curriculum and how things were going, as well as to exchange ideas.

I want to present next some of the data from our classroom observations. We used two instruments. The first is the instrument developed by Hyson, the Classroom Practices Inventory, which has two scales: the Appropriateness of Program scale and the Appropriateness of Climate scale. The two scales are combined to produce a total appropriateness score. The second scale is the one that is used in the national evaluation. The first thing we did was to look at the correlations between the two instruments, and we have some idea from these correlations that they measure similar constructs. The Appropriateness of Program correlates moderately high with the learning environment, but we see higher correlations in the Appropriateness of Climate, where they are related more highly with teacher-student interactions. We had no significant results on the profile for early classroom practices, which has been developed by Abbot-Shim and Sibley. I think we can see some trends that are beginning to develop in terms of program appropriateness in Transition group classrooms. There seems to be a trend for Transition group classrooms to be rated a bit higher on program effectiveness and program appropriateness, which are also seen reflected in the total developmental appropriateness ratings. The only difference that emerged from this particular data that reached statistical significance was in the space arrangement. Indeed, the Transition group classrooms looked much more developmentally appropriate than did the Control group classrooms in both corporation and non-corporation schools. There were no other effects that were statistically significant for the learning environment. From our informal interviews with the teachers and principals, we also heard the teachers and the principals say that they were beginning to rearrange the classrooms.

We had another statistically significant effect in the written schedule. Transition group teachers were much more likely to have a written schedule than were Control group teachers. There are also some trends that are seen in the subscales that assess planning and the variety of activities in the classrooms. But those results are not yet statistically significant. In terms of appropriateness of curriculum, we did not have any effects that were statistically significant. In terms of student-teacher interactions in the classroom, we saw a trend that indicated that in the Transition group classrooms, the teachers are more likely to initiate positive interactions with the students, as compared to control clusters.

We had no effect on the subscales that were assessing curriculum individualization. But when we talked to the parents, we found out that parents felt very, very welcome in Transition group schools. This was very, very encouraging. In two out of three Transition group schools, there were over 400 parent volunteer hours recorded for Head Start parents. However, in one school, the principal has a very different leadership style. She wants to approve every little change that is there, and in that school, parent volunteer hours were an average of 27, compared to that previous 400. So that principal has a controlling leadership style. Her teachers tell us they feel much more uninvolved in the process, and they also state that some of the Transition group activities are disruptive. They perceive nearly everything as being disruptive; having the parents in the classroom is disruptive. In the other two schools, you see a whole different climate. Teachers are telling us that they really enjoy the seminars that they have been attending. They enjoy having the opportunity to practice new things and to learn new things. They feel that with the new techniques that they are learning, they can probably reach more students than they have reached before.

The other principals are supporting that view of those teachers. The aggregate data do not really capture some of the differences that occur within Transition sites, and we are very aware of that. We are refining our processes a little bit to include more in-depth interviews with teachers and principals to try to capture some of the different dynamics that are taking place.

Carolyn Jarvis: I, too, work in partnership with the program staff and try very hard to collect local information that is useful to the program as it progresses. I worked both in Follow Through and Basic Educational Skills in New York City. I think that those past experiences really shape my interests at this point in time. Follow Through is very similar to the Transition Demonstration. But in reality, there was very little collaboration between Head Start and the elementary schools in the Follow Through program. In fact, there is still a Follow Through program operating, but there are no Head Start children in that Follow Through program. Basic Educational Skills really tried to develop a collaboration, but it was unsuccessful in New York City. For that reason, I have spent a lot of time thinking about things like organizational structure and school climate and culture. In New York City — and I know that this is also true in many other places — there was a real gap between Head Start and the local school system. I think that because of the size of both of these institutions, this gap is a little more serious — or more insurmountable — than it is in other places.

The gap between institutions has not been bridged, but the gap between the individuals who are responsible for carrying out the Transition Demonstration project has disappeared. That is because through the activities required by the Transition Demonstration project, people have come to know each other and have learned that everybody has exactly the same goal for the children. As a result, a level of personal trust developed which allowed the project to proceed. The relevance of all of this in terms of policy is that in a situation in which there is either no relationship or a negative relationship between the collaborating institutions, this is something that has to be dealt with. If it is ignored, the project cannot go forward and certainly will not continue.

Once New York City got the grant, they had to then prove that there were, first of all, enough former Head Start children in the schools to do the research and the evaluation and that there would be enough children left at the end of third grade to have a respectable sample. Locating the former Head Start children in the selected schools turned out to be a much greater problem than was ever expected; it took about six months. As a result, I felt that one of the things I needed to look into was the patterns of movement from Head Start into public schools and what influenced that. A couple of things were learned. For one, the catchment areas for Head Start programs in public schools are different. Even when you have a Head Start program situated within a public school building, the children come from different attendance zones — that is what they are called in New York City. The children in that Head Start center located in the public school may not go to that public school because they live in a different attendance zone.

Then we have parental choice. I believe that because Head Start works a lot on parent empowerment, parents of Head Start children — because they have access to kindergarten registration information and they meet with other parents throughout the year — are more likely to discuss public schools and want their children in the better public schools. They do whatever they have to do to get their children in those schools. That accounts for some of the dispersion. In terms of policy relevance, we have to understand how Head Start children move into public schools so that we do not plan programs that are supposed to coordinate services and then find out that none of the children for whom these services are supposed to be coordinated are in schools that planned for them.

This project focused on parent involvement and sponsored a series of different activities to involve parents in program schools. In this district, unfortunately for the research and fortunately for children, some of the Comparison group schools are better schools than the Transition group schools and offer all of the same services that the Transition group schools offer. There is one school that is a community school and offers everything that the Transition group schools offer, but not only that, it has been doing it for at least five or six years. One of the Transition group schools, on the other hand, is what is called a "SUR" school, a school under registration review, meaning it is one of the worst schools in New York state.

I am very pleased to share some of the early results regarding parent involvement. The Head Start staff were very concerned. One of their concerns had to do with the fact that they said that they worked very, very hard at getting parents involved during the Head Start year, and then when the parents move out of Head Start and go into kindergarten, something happens, and they are no longer involved in school or their children's schooling. They wanted to see what the Transition Demonstration project did to maintain that parent involvement. We created a questionnaire that we tacked on to the end of the interview questionnaire from the national evaluation. It asked parents about their involvement in the Head Start year, and last spring, at the end of the kindergarten year, we asked them these same questions. We then created an index that allowed us to get a parent involvement score. What we found is exactly what we would have predicted: parents of former Head Start children in the Transition group schools had the highest level of parent involvement; parents of non-Head Start children in the Transition group schools had the next-highest level of parent involvement; and parents in the Comparison group schools, both former Head Start parents and non-Head Start parents, had the lower rates of parent involvement. These differences were statistically significant. These are some of the challenges that we are up against; the schools are very different and the Transition group schools are, in fact, perceived as bad schools, compared to the Comparison group schools.

Martha Moorehouse: I want to make a few brief points in summary. A first point is that this project is about continuity at many levels. It is about providing continuous and comprehensive services so that there is an ongoing continuity in the support service environment for children and their families. It is about continuity in children's experience, as they move throughout school, not just the transition into school. This is a much longer study of continuity and experiences over the course of the early childhood years.

It is also about continuity for families, both in services and in the support experienced for their roles as the primary educators for their children. Carolyn's point that the parent involvement is showing up in an interesting way in their project is, I think, a theme a lot of the local projects could emphasize at this point. I think that the continuity and experience for parents really stands out in some of these settings, as well as the continuity and experiences for children and the overall continuity of services

Another point of this demonstration that is interesting and complex is that we are following Head Start children throughout these experiences. However, the services of the program target whole classrooms, so that all of the Head Start children and their non-Head Start counterparts in classrooms receive services. There is tremendous value in not pulling children out for special and possibly stigmatizing kinds of labels in school classrooms, but the service burden is extraordinary in these settings.

The first year (1991) of the project was a planning year for both evaluation and local programs. Services started in the second year. That was last year, with the first cohort of children entering kindergarten. The third year is the move into first grade for that cohort and the enrollment of a new cohort of children into kindergarten. And that is where we are now in the project timeframe. Timeframes for research and practice do not always coordinate well with the timeframes for policymaking and decision-making. We are really in the infancy in this project work.

It is now the time when deliberations about the reauthorization of Head Start, the reauthorization of the Head Start Transition Act, and the Elementary Secondary Education Act are all underway. We have the constraints of trying to face policymakers' needs for solid information at a time when the project is just gaining a foothold. The other side of this is, of course, that these issues pose tremendous social challenges. They are not going away with a single set of programs at a single point in time. These will be ongoing sets of issues, and the information for this project will have great potential to inform.

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Follow Through Research, Practice, and Policy: Transition to School for Head Start Families

Chair: Alice Paul *Discussant:* Gene Ramp

Presenters: Berlina Baker, Alice Paul, Amy Schlessman-Frost, Katherine H. Greenberg

The Follow Through program is a national school improvement initiative that has offered comprehensive educational and social services to children from low-income families since 1968. The program is a federally funded effort to extend and enhance the academic, social, familial, and health gains made by children who were previously enrolled in Head Start or similar preschool programs. Follow Through has successfully transitioned children from kindergarten through third grade in the public schools.

During the 1992-93 academic year, Follow Through celebrated its 25th anniversary as a federally sponsored compensatory education program. Follow Through models have developed expertise in several areas of current and ongoing interest to researchers, practitioners, and policymakers interested in early education serving low-income families with young children. The various Follow Through models provide a variety of cultural perspectives on transition, collaboration, and parent and community involvement in early education. As a national program, Follow Through models have served a diversity of cultural groups within inner-city and rural settings.

Head Start Demonstrations

Follow Through's research, evaluation, and practical experience are directly relevant to inquiry into child development within the context of the family, the school, and the community. Follow Through is a preventive program designed to address the needs of at-risk children before educational problems develop. Follow Through's 25 years of experience in research and practice bring historical and more current perspectives to critical issues for understanding the context of research. This symposium included presenters and research data from 4 Follow Through Sponsor models representative of all 12 models within the national Follow Through Program.

The data shared reflected critical elements of lessons learned in sustaining the benefits of early intervention. Parents, families, and communities must be consulted and kept informed of what is happening to their children. There are replicable practices and services that smooth the discontinuities children and their families often experience when making transition from Head Start to the public school. Practices that show sensitivity to the culture and language of children and their families provide a positive impact on self-concept, which leads to success in school.

The inclusion of this Follow Through symposium as a collaborative effort with the Head Start Research Conference is a representative case of the power of combined efforts. Researchers, policymakers, and practitioners at this meeting formed a community, united by the shared goal of improving the quality of life for low-income children and their families through comprehensive service programs.

Follow Through Practice in Multicultural Contexts *Naomi Millender, Sue Nesbit*

This presentation provided a brief synthesis of current Follow Through programs' impact on children provided by the Project Trainer of the Cultural Linguistic Approach Follow Through Model. Illustrative findings from "conventional" research and evaluation were shared from a diverse sample of Follow Through instructional models. These models included the Direct Instruction Model; the Interdependent Learning Model (ILM); the Effective Schools Approach (ESA); and the Inter-Reactive Learning Model (INREAL).

Alternative perspectives in the evaluation of Follow Through programs' effectiveness with children, especially with those of non-majority ethnicity, were introduced. The primary data source was the Cultural Linguistic Approach's evaluation of development of self-esteem, perceptions about school and teachers, and cultural pride among African-American students. The Cultural Linguistic Approach (CLA) is based on the idea that culture forms the basis for the acquisition of skills. This concept is implemented through an emphasis on culture-based instruction that utilizes the history, values, traditions, and knowledge of traditionally excluded ethnic groups, i.e., African Americans, Hispanic Americans, Native Americans, and Southern White Migrant Americans.

Evaluation data from the other Follow Through projects provided additional empirical evidence of benefits for children from other ethnic and linguistic backgrounds. For example, figure-drawing analysis used by the Tucson Early Education Model (TEEM) showed that 73% of kindergarten children in multicultural, bilingual classrooms showed a positive self-concept by the end of the first year of school, compared to 33% in a control classroom (Report on Research, 1992).

Evaluation of Follow Through's Partnerships with Families

Amy Schlessman-Frost, Alice Paul

For over 25 years, Follow Through (FT) has provided comprehensive programs to diverse low-income families as their children make the transition from preschool experiences to early elementary grades. One of Follow Through's four program goals is to "achieve active parent participation in the development, conduct, and overall direction of services to children." The Tucson Early Education Model (TEEM) conducted structured interviews with Follow Through sponsors to gather information about their partnerships with families and the parent participants' perspectives on the program.

At a time of renewed interest in home-school relationships, there are specific and unique contributions that Follow Through partnerships make as research is linked to practice. Follow Through's history and longevity are unique characteristics. All of the Follow Through sponsors interviewed reported some form of evaluation of the parent participation component. Current evaluation efforts and directors' comments reflect commitment to the value placed on parental input, feedback, and leadership: "History of program has much to offer. The track record speaks for itself. FT has developed strategies for getting parents involved that may be of help to 'newer' programs." "Historically, FT hired community members as program aides. This was both radical and unique at the time. Precedents were set for educating parents with GED and parenting skills."

Follow Through's relationship with Head Start is another distinct program attribute: "One big plus is inheriting parents from Head Start. They are already primed. Young inner-city (African-American) mothers are already geared, and our challenge is to keep them involved."

Follow Through develops triadic partnerships: "Follow Through forms a three-way partnership among an external change agent — the model sponsor, the school, and the community, including families. This partnership is a long-term relationship."

COGNET parents talked in interviews about Follow Through impact on their own lives as well as on the lives of their children. Parents stated that COGNET helped them understand their children, and parents provided specific evaluations of curriculum materials. The Cultural Linguistic Approach published *Training Parents as Specialists: A Parent Involvement Handbook.* This handbook includes a section, "CLA Parents Volunteering and Loving It," written by the parents. Mathemagenic Activities Program parents in a southern Afro-American, urban community ranked workshop topics from most to least interesting. Parents' preferred topics were information about their child's school program, parenting skills, discipline, making crafts, and drug abuse. In the School Effectiveness Model's rural Hispanic school, 91% of kindergarten parent respondents (85% return) were "very happy" with their child's progress in school. TEEM parents from diverse cultural and linguistic backgrounds, including a Southwest urban multicultural, a rural American Indian, and two rural Appalachian schools, valued reading. In each community, families ranked reading as a high educational priority at home and at school.

Each Follow Through sponsor operationalizes its commitment to family involvement by allocating resources to evaluation of this program component. Voluntary evaluation of parent participation is another "unique" characteristic of Follow Through partnerships.

Head Start Demonstrations

Follow Through as Transition — Early Childhood Transition Practices: How Follow Through Compares *Katherine H. Greenberg, Sharon Barkdoll, Cynthia M. Gettys*

Over the past 25 years the U.S. Department of Education has funded a national school improvement program designed to help those children from families in poverty who are considered most at risk for failure in making a successful transition from preschool through the first years of school. This unique program, known as "Follow Through," strives to extend and enhance gains made by children and their families through Head Start and other high-quality preschool programs. This study was designed to determine to what degree Follow Through schools are implementing transition activities that experts in the field of early childhood education consider important for preventing school failure. In addition, the study compared Follow Through transition practices with those of American schools in general that participated in a recent National Transition Study conducted by Love, Logue, Trudeau, and Thayer.

Follow Through project and school staff completed surveys that included items from the National Transition Study survey that addressed the following areas: (1) transition activities in the schools, (2) characteristics of kindergarten programs, (3) parent involvement practices, and (4) professional development activities. Results were compiled and compared to responses of participants in the National Transition Study on the same items.

Results indicated that transition practices reported by Follow Through schools come much closer to meeting standards set by early childhood transition experts than do practices reported by American schools in general — as represented in the National Transition Study. In addition, Follow Through schools do not fit the profile of high-poverty schools that participated in the National Transition Study. Findings of that study revealed that types of early childhood transition practices are clearly associated with the proportion of high-level poverty families served by schools. Further, a number of practices implemented by high-poverty schools do not meet high standards for early childhood transition. In contrast, the Follow Through program appears to make an important difference in assuring the implementation of activities that experts believe are essential for school success.

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Head Start Demonstration Project: Family Service Centers (FSC)

Chair/Discussant: Richard H. Johnson

Presenters: Pearl M. Dowell, Anita Lightburn, Gail Sosnov, Maureen Marcenko, Janet Swartz

An overview of Head Start's Family Service Center Demonstration Program (FSC) was provided by the Chair/Discussant, Rick Johnson. He indicated that since 1990, sixty-six Head Start grantees in 36 states have been awarded 3-year Family Service Center Demonstration grants averaging $245,000 a year, for a total of $16.7 million dollars a year for these competitive grants. Thirteen grants were awarded in 1990; 28 were awarded in 1991; and 25 were awarded in 1992. One additional special grant of $300,000 was awarded to a Head Start grantee in Los Angeles to establish a Family Service Center project in the riot-torn South Central area of that city to serve 1,000 families. Each project participates in the research for its own local evaluation, as well as for the Family Service Centers nationwide evaluation.

Head Start Demonstrations

Family Service Center projects were conceptualized and created in response to the growing number of multiproblem families being enrolled in Head Start programs nationwide and these families' inability to nurture their children, take full advantage of the Head Start program's services, and achieve self-sufficiency. The main objectives of the FSC projects are to strengthen Head Start's family support capacity by building on existing program features and to develop effective strategies for collaboration between Head Start programs and community agencies, in order to systematically address problems of substance abuse affecting both children and family members, adult functional illiteracy, and chronic unemployment; and to implement a more intensive case management system for working with families than is possible in the regular Head Start program because of the unusually high family case loads experienced by family workers.

Pearl Dowell, Associate Director of Hall Neighborhood House in Bridgeport, Connecticut shared a brief videotape of the Hall Neighborhood House FSC to provide a flavor for their program's philosophy and design. Their program, funded in September 1990, provides intensive case management services to 47 Head Start families, predominantly African-American and Hispanic, who were randomly selected from a larger pool of families. Their educational program provides basic skills, reading, math, history, and courses that make parents eligible for high school completion. Three computer-aided instruction systems are available to parents.

The developmental employability program of the FSC utilizes the resources of the grantee agency to place parents in what are coined as "internships." This places parents in various agency departments (child care, accounting, food service, receptionists, recreation, maintenance) where they receive on-the-job assistance in developing work maturity and employability skills. These placements are augmented with classes that provide information on interviewing, labor market orientation, communication, conflict resolution, work habits, and work maturity skills. Each intern who successfully completes his or her assignment moves into the job search sequence. Often they are placed in a part-time position of their choosing, either in the Head Start agency or within other places of business.

The FSC has developed numerous support groups for parents that grow out of their expressed needs. These groups are scheduled for a period of 10 to 12 weeks and focus on such topics as substance abuse, incest, battering and abuse, parenting, communication, family violence, safe neighborhoods, and sex education. Over time, the group focuses on adult competencies and often makes referrals to other agencies such as drug treatment programs. Throughout this entire process, the case manager serves as the continuing link for family members.

Anita Lightburn of Columbia University, who serves as the local evaluator for the FSC, revealed that the Bridgeport FSC outcome data measured and reviewed success in achieving program goals, including program participation patterns, progress and achievement of goals for education (diplomas, test scores in literacy using the Capp and Able and CASAS), employability, and substance abuse, with clients' evaluation of the program inputs and clients' own evaluations of their progress. Further outcome data included measures of depression, families coping with crises, and parents' personal orientation to life.

The greatest area of success in the FSC's education outcomes has been in parents completing high school through equivalency programs: in the 1991-1992 group 87% earned diplomas, and 49% of the 1992-1993 group earned diplomas. Parents who earned their diplomas in 1991-1992 enrolled in the local community college, with 32% of parents in this group completing between one and three semesters of study.

The majority of parents in the first-year program had extremely limited experience in, or preparation for, work, in contrast to the second-year group, of whom 80% had been for job interviews and 63% had received job instruction, with 37% working in an internship program.

Parents infrequently requested information about substance abuse, but substance abuse education groups were offered at different points in the program year, aiming toward levels of comfortableness so that disclosure was possible. Inadequate community resources for substance-abusing mothers also made it difficult to find the right program with necessary follow-up services. The FSC staff became a fill-in with good supportive services, but with inadequate skills and capacity to deal with substance abuse treatment. Relapses occurred in all cases, even though parents were motivated to return to longer rehabilitation programs.

Gail Sosnov, Project Director for the Philadelphia PCC Head Start FSC, described her project. Funded in 1991, it provides FSC services to 54 randomly selected Head Start families that are predominantly African-American and Hispanic. She explained that this FSC's intensive case management approach is made possible by each case manager having a family caseload of 15 to 18 families. The small FSC caseload size facilitates the establishment of close, trusting relationships between classroom teachers, parents, and case managers.

Elements of their literacy program include on-site ABE and GED classes, an on-site computer literacy lab, and family literacy programming that combines on- and off-site activities. The FSC collaborates with the public library to provide guidance to parents on storytelling and how to select age-appropriate books for children. The FSC has broadly defined literacy to include cultural literacy as well as print literacy, and offers parents opportunities to take trips to museums, bookstores, theaters, and historic sites. FSC employability initiatives include an on-site food-service training program, construction apprenticeships, a job bank, a series of job readiness workshops in which parents engage in and practice interviews, explore goal setting and career options, and prepare for the challenges of entering the workforce. The project's initiatives in the area of substance abuse include providing children and families with ongoing primary prevention programming, offering individual and family counseling, and facilitating referrals to more intensive treatment programs.

The local evaluator for the Philadelphia PCC Head Start FSC, Maureen Marcenko from Hahnemann University, reported her findings to date. Regarding literacy, 71% of parents in the FSC scored at the high school level, which was at the top of the literacy scale, and 17% scored at the next lowest level. While literacy does not appear to pose a problem for most Head Start parents, education and training is an area of identified need. Over one third (35%) had not completed the requirements for high school training, but most parents had the requisite skills to compete academically, leading to the conclusion that other factors account for lack of education and training.

Employment history and prior job-seeking experiences were also explored. The majority of respondents (92%) had either held a job in the past (55%) or were currently (37%) holding one. Of those currently employed, 42% were looking for work. Therefore, 79% of parents were either working or interested in working. As for job-seeking skills, 74% had received instruction in how to go about looking for a job or applying for a job, and 70% had a clear idea of the job they wanted.

Self-reported drug use by parents was low. Approximately 10% admitted to any lifetime use of marijuana for one month or more, and 15% stated that they had used alcohol to intoxication for one month or more. Only one person had ever been treated for drug or alcohol problems, and three parents indicated that they currently needed help with a drug or alcohol problem.

ACYF awarded a contract to Abt Associates in September 1991 to conduct a national evaluation of the FSC projects. Janet Swartz, Project Director at Abt Associates for the National Evaluation, described its primary objectives: (1) to describe the services and activities of the FSCs, as well as the process of implementing these demonstration projects; and (2) to assess the impact of the FSCs on participating families, with particular focus on employability, substance abuse, and adult literacy.

The sample size for this national evaluation includes 700 Wave I and Wave II families (projects funded in 1990 and 1991, respectively) and 2,000 families in the Wave III project funded in 1992. The evaluation design calls for random assignment of families to the FSC and a control group. The final evaluation report, incorporating implementation and impact information from the Wave I, II, and III projects, will be submitted to ACYF in January 1996. Preliminary reports to ACYF are due in 1994 and 1995.

Preliminary findings indicated that 40% of the target adults are single and have never been married. One third of the participants are legally married. The household size of FSC participants is, on average, about four people. Less than 10% of the households include only two people, one adult and one child; approximately one quarter have three people, 29% have four, and approximately 20% have five people. The average education level is approximately 11 years of schooling. Nearly 55% have 12th grade education or higher. Forty-eight percent of the target adults have a high school diploma, and 10% have a GED certificate. Eighteen percent have a trade license or certificate, and only a small proportion have an Associate's or Bachelor's degree. For adults with a spouse or partner, the educational attainment for spouse/partner was quite similar.

Taken together, these demographic characteristics suggest that the adults in the Family Service Center programs tend to have a high school diploma, yet earn low wages and are underemployed or unemployed. These characteristics support what many in the policy arena have said, that a high school education is not sufficient for a good job in today's high-tech marketplace. The challenge for the FSCs throughout the remainder of their demonstration phases will be formidable in assisting families to obtain specialized training and education in order that they may attain their goal of improved self-sufficiency.

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Head Start Demonstrations

Evaluating the Community Impact of Family Service Centers in Rural Areas

Chair: Lori A. Roggman *Discussant:* Jim Gage
Presenters: Lori A. Roggman, Michael C. Anziano, Judith Seabert

Head Start, from its inception, has provided services to low-income families by coordinating with other community agencies and, in some cases, advocating for changes in the community that benefit Head Start families and other community members. As a result Head Start has often had positive effects on local communities, but those effects have not always been documented. The recent funding of Head Start Family Service Centers has generated new strategies for serving families and thereby has provided a new opportunity to assess the community impact resulting from these demonstration projects.

Family Service Centers are designed to coordinate services to Head Start families in the areas of literacy, employment, and substance abuse. However, in rural areas the Family Service Centers are faced with exceptional challenges in communities where services and employment opportunities are limited. As a result, rural Family Service Centers have developed a variety of strategies, sometimes unanticipated, for effecting community change. In this symposium, evaluators from three rural Family Service Centers, including one serving a Native American population, discussed the methods they have used to evaluate community impact and reported on what they have found thus far.

Although general strategies for Family Service Centers are similar across the various demonstration projects, more specific strategies have been developed by each program as particular needs and resources (or lack of them) have been identified. The traditional evaluation methodology of identifying objectives and specifying data to be used for evaluating those objectives may have missed unanticipated but positive outcomes from these ad hoc program strategies. Planning an evaluation of these projects, especially in terms of community impact, required a flexible approach and additional efforts to collect data during the course of the project that would identify the ways that each project could creatively meet unique challenges in the communities they served. To assess community impact, evaluators have used a variety of techniques: participant-observer involvement with local staff, interviews with local community service providers, collaborative data collection with community agencies, close tracking of referrals, assessment of the effectiveness of services, and identification of barriers to services.

As a result of these evaluation efforts, a variety of effects on local communities has been identified. Community outcomes revealed by these three Family Service Center evaluations have included the establishment of new services in remote areas, the development of new programs to promote entrepreneurship in low employment areas, greater access to services for the "hardest to serve" in the community, and greater successful participation in community programs. Continuing evaluation efforts will provide additional information about the community impact of the Head Start Family Service Centers and evaluation strategies for assessing that impact.

Head Start Demonstrations

Evaluating Community Impact in the Northern Utah Family Service Center

Lori A. Roggman

The Bear River Head Start Family Service Center (FSC), located in a predominantly rural area of northern Utah, strives to help families identify their needs in the areas of employment, literacy, and substance abuse, and then to make referrals to appropriate community services, providing support services as needed. The major problem in remote areas is that there are no community services available and employment opportunities are limited. The challenge to the FSC has been to advocate for new services in outlying communities and for services to help participants create their own self-employment businesses. In addition to serving families in the program, it was expected that these efforts would have lasting effects on the community, but it was difficult to predict, at the outset, what these effects might be. Therefore, planning an evaluation to measure the potential effects required a flexible approach, along with additional efforts to collect data that would identify the strategies developed to serve FSC families that affected the community as well. Sources of data included (1) interviews, both formal and informal, with program staff; (2) interviews with representatives from collaborating community agencies; and (3) program materials (quarterly reports, meeting agendas, training outlines). Several effects on the local community have been identified.

In the area of employment, the FSC has coordinated with Utah State University to provide a 9-week "Supervisory Certificate Program" (leadership, communication, assertiveness, and negotiation skills) for FSC participants and other community members in areas where employment training of this kind has been limited or unavailable. The FSC has also negotiated with Job Service to provide outreach services to remote areas. In addition, the FSC is identifying alternative funding sources for a "micro" loan program for very small businesses needing only $500 to $1,000 (rather than the loans of $50,000 available for larger "small" businesses).

In the area of literacy, FSC staff and school district personnel collaborated to initiate a GED and ESL program for FSC participants and other community members in a remote community where these classes had never before been available. With increased literacy came a need for more literacy materials. FSC staff advertised for book donations, obtained donated space, and initiated a library where there had never been one. With FSC encouragement, literacy service providers in the two counties developed a proposal to integrate their literacy services.

In the area of substance abuse, alcohol and drug education were offered through Head Start workshops open to the community, as well as to Head Start and FSC participants. A more intensive 6-week program, provided by another agency, was targeted for FSC participants and other interested community members.

General outcomes included increased community awareness of Head Start and greater access of Head Start families to community services. FSC staff meet with community service providers at least monthly for advisory panels and joint staff meetings and meet at least quarterly with individual staff from collaborating agencies. Continuing interactions between FSC staff and local agencies are likely to extend the impact of this Head Start demonstration project on local communities.

Head Start Demonstrations

The Southern Ute Family Service Center *Michael C. Anziano*

The purpose of the Southern Ute Family Service Center (FSC), located in Ignacio, Colorado, is to provide various support services to assist Head Start families in achieving greater self-sufficiency and success in the areas of (1) adult education and literacy, (2) substance abuse education and treatment, and (3) career development and employment. One of only two Indian FSC demonstration sites, this rural project serves approximately 30 Ute Indian, Hispanic, and Anglo-American families living in a geographically isolated area with miles of unpaved (at times, impassable) roads, high poverty and unemployment rates, a tri-ethnic community, marginal transportation, and acceptance of substance abuse as "a way of life." This new project is being implemented into a very entrenched Head Start staff. The Head Start program itself appears to be a source of community activity and pride, with an excellent reputation among the local parents.

The Southern Ute FSC has gathered information on two important program dimensions: (1) the project objectives as they relate to family (client) outcome goals and (2) data on the implementation process of integrating a new FSC model into the existing Head Start structure. With respect to client outcomes, the majority of the data is demographic "status" data and formative process evaluation data. Pretests have been administered using the Parent Stress Inventory and the Culture-Free Self-Esteem Inventory to the FSC families and a comparison group of 21 families from the Ute Mountain Head Start (no FSC) 60 miles west.

More than 30 total structured interviews have been conducted with FSC administrative staff, the Family Advocates, and the non-FSC regular Head Start staff on their impressions of the project's implementation and integration into Head Start. The interviews with the FSC staff were structured around the staff's impressions of (1) the major tasks of implementing the program, (2) the strategies used to implement the case management model, (3) the problems encountered, (4) the techniques that worked, and (5) evidence that showed the strategies worked. These qualitative data represent a source of implementation lore for other projects starting up in the future. The FSC project has had substantial impact on the Head Start program itself. Change and apprehension surrounding change have been dominant themes throughout the implementation phase. The case management strategy in itself represents a much more intensive service delivery model than the regular Head Start program, which has traditionally offered the same types of referral services for literacy, substance abuse, and employability.

Through anecdotal records we know that the project is having a substantial positive impact on the community. Parents are receiving a variety of adult education services, employment preparation and counseling services, and substance abuse education and treatment services. The project has increased the employment of six individuals who moved from 3/4-time to full-time work. Several adults are in the process of CDA training, which will provide vocational opportunities in the community. Families received child care and counseling as support services, and individuals have entered treatment for substance abuse.

The Aberdeen, Washington Family Service Center *Judith Seabert*

The Twin Harbors Family Service Center (FSC) serves two rural Washington counties outside the transportation and population corridor of the state. The counties rank among the highest in the state in indices of health problems (including alcoholism) and in the unemployment rate, and among the lowest in general educational level. The two counties were historically developed around two industries: timber and fishing, both of which have experienced a severe decline, which has had devastating impact on local communities. The counties are viewed by most employment professionals as "no demand" job markets. The human services resources of the community are severely strained. The population being served by the FSC consists primarily of public assistance recipients and the "working poor," viewed by service providers as a "difficult-to-serve" population.

It was assumed the FSC would impact local service providers through increased access to services by the FSC participants. Preliminary findings from an evaluation of the first year indicated that the FSC made 214 referrals to more than 60 different community resources, but that FSC participants have an extensive history of services: 89% received some form of public assistance or were involved in non-FSC educational or training programs, and 50% were involved in substance abuse treatment or education. Family Educators perceived over half the clients as highly skilled at accessing needed services.

These preliminary findings suggest that the relevant FSC evaluation questions may not be those that ask about access to services but those that ask about successful participation or completion of programs. Expanded evaluation strategies include tracking of client participation in the referral resource programs, tracking of successful completion of program, gathering information from program participants regarding the relevance and effectiveness of services, and tracking of FSC support activities.

Administrators of three collaborating agencies (an ABE program, the local JOBS office, and a substance abuse treatment center) have expressed a particular interest in outcomes of the FSC. Because these agencies view many of the FSC participants as among their "hard-to-serve" clients, they expect that FSC support and case management will result in clients being more successful in the use of the services — thus providing those agencies with information that will assist them in working with other clients within this same general population. FSC participants are not new referrals to the services system but are frequent unsuccessful users. If the FSC can assist in successful participation and completion of service programs, it may have a positive impact on these programs by reducing the revolving door activities of difficult-to-serve clients.

The other area of assessment that is being tracked is actual acceptance of the referrals into the service programs. Many programs in the community are operating at maximum capacity, and additional FSC referrals may overload the resources. Additionally, there is concern regarding eligibility criteria and limited funding for employment training programs. Substance abuse resources of the community are so overloaded that FSC referrals probably would not affect that service system. Close tracking of the results of these referrals will offer findings in the areas of community impact.

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Education and the Schools

National Education Goal #1 — By the Year 2000, All Children in America Will Start School Ready to Learn: A Report from the Resource and Technical Advisory Panels

Chair: Sharon Lynn Kagan

Presenters: Nicholas Zill, Sharon Lynn Kagan, Samuel J. Meisels

Sharon Lynn Kagan: I think everyone here is aware that in 1989, under the auspices of the National Governors' Association, then under the leadership of Bill Clinton, and along with the White House, the National Education Goals Panel was established with the intent of moving the nation's education system forward. The inclusion of Goal #1, the first goal regarding young children, was actually very hotly contested. I am not sure how many people are aware of the politics that went into this, but indeed, in large measure, its engagement is due to the very important efforts of Governor Romer from Colorado and of then-Governor Clinton.

Many of us in the early childhood community were very divided when we first heard about this. We were excited, on the one hand, to know that there was finally going to be some attention paid to very young children in a national forum. On the other hand, we were extremely disappointed with the wording of the goal and, in addition, with the prevailing emphasis that seemed to exude at that time with the focus on measurement. One thing that ameliorated some of our concerns was the attendant three objectives that accompany this goal. I am sure many of you are aware that one of them relates to providing developmentally appropriate experiences for all disadvantaged and disabled preschool children. Another refers to meeting children's health and nutritional needs, and a third relates to the importance of supporting parents in their role as their children's first and most important teachers. We were appeased by these objectives.

A bit about the structure of a National Education Goals Panel, because it is a touch mysterious. Essentially, the charge to the Goals Panel was, and I quote, "to measure the nation's progress toward meeting the goals." So the clear, original charge was a measurement one. The Goals Panel — and its construction and structure — has changed a bit, but essentially it is made up of governors, of members of Congress, and of representatives of the Administration.

The Goals Panel has its own office located in Washington. It has a small staff, with the bulk of the work on all of the six goals being done essentially by two groups that have been formed for each goal. One is called a resource group, and the other is called a technical planning group. As those names suggest, the resource group is largely individuals who have tremendous amounts of expertise to lend in guiding and giving resources and information to support the process. The technical planning group carries out much of the actual hardcore work of the group. Since the inception of the readiness goal, I think there has been a more accepting attitude that has developed in the early childhood and the health communities toward this goal. Rather than seeing it as an albatross around our necks, as something that needed to be fought, we began to feel indeed that, though it was not worded perfectly and had an emphasis that was not exactly the way we would have liked it, it presented an opportunity to focus attention on very young children.

Although the sailing is smoother now than it has been, there are still formidable challenges in attitudes and values that we face. There was a lot of disagreement about readiness at the outset. I vividly remember Governor Romer, who is indeed one of our best friends on this issue, asking Ernie Boyer and myself why it was that we could not come up with a very simple definition of readiness. After all, Schwarzkopf conquered the Persian Gulf in six weeks. Why were we saying that it was going to take us longer than that to develop readiness. Out of politeness, I did not talk about the national investment in defense and the noninvestment in children, etc. The point is that the Governor's take on readiness is that it should be simple, "These are young kids, and my gosh, everybody knows readiness is tying your shoes and counting to 100," as several of them have said to us. One of the first challenges, therefore, that both the resource and the technical planning groups faced was broadening the understanding of what was meant by readiness.

The technical planning group undertook, with Sam's [Meisels] artistry and Nick's [Zill] input, to define readiness in five dimensions. The Report, which was widely circulated, gave a three- or four-sentence descriptor of each of these five dimensions. Indeed, it also talked about approaches to measurement that would be more performance-based. The feedback on this report, which was read by over 2,000 of our colleagues, was very supportive of the multidimensions of readiness. The next task, which I will discuss more later, was to elaborate on what these dimensions really mean. What do we mean by approaches toward learning? What do we mean by social and emotional development? What do we mean by physical health and motor development?

In any case, one task of the technical planning group was broadening the definition, and then concretizing the definition of what we meant by readiness. A second challenge was to try to provide information that could be included in the annual reports regarding the state of the nation's progress on not simply the dimensions of readiness, but also the three objectives that I discussed. Nick was very instrumental in pulling together a health index, and that is part of what he is going to be talking about today. In addition, we worked very closely with the Department of Education to discern teacher and parent attitudes toward readiness, because the governors wanted to be quite certain that the academics were on track — indeed, that our vision of readiness was what the American public felt. Nick will also be talking about that.

I will then amplify the dimensions in terms of where we are and discuss with you some of the challenges that we are facing. And finally, Sam will close the formal part of our remarks with a discussion about what the issues are from the outside. What is the big context in which all of this goals discussion is taking place, and what are some of the challenges that not only the Goals Panel will need to face, but that we all — all who are concerned about the healthy development of young children — will need to address?

Nicholas Zill: As Lynn stated, there is considerable controversy about what is meant by "ready to learn" and the "readiness goal," as it is often referred to. But I think that goal is important because it reminds us that how a child does in school depends in part — is determined in part — by things that happened before the child ever set foot in the classroom. The goal recognizes that the responsibility for children's readiness does not rest solely with the education system, but also with parents, the health care system, and the social welfare system. And the importance of these other forces in children's lives is explicitly recognized in some of the objectives under Goal #1.

Education and the Schools

The resource group on readiness, as Lynn mentioned, has struggled with ways to conceptualize and measure achievement toward the first goal. We have taken this multidomain kind of approach, and the Panel has endorsed the idea of an early childhood assessment system that would collect information on a nationally representative sample of children, and include information from teachers, parents, and children themselves. That system is evolving, sometimes with more glacial speed than some of us would like. But there are plans afoot to have such an assessment before the year 2000.

In addition to the assessment system, the Panel was interested in monitoring health factors at birth that were associated with longer-term health and development problems and eventual difficulties in school. What I would like to give you is some information about this health index that we developed based on birth certificate data, and then talk about two surveys — one of kindergarten teachers and one of parents — from which reports are starting to come out. In fact, these databases, if you would be interested, will be available shortly for other people to work on.

Let me first begin with the health index. We wanted to track the proportion of children who are born each year at risk of difficulties in school because of some characteristics or the circumstances of their birth. We wanted to develop an index that could be reported each year on an annual basis by the Goals Panel for each of the 50 states. We tried to create a social indicator of educational risk. Like other social indicators, it is designed to measure the risk for a group of children, not for individual children. For example, low birthweight is such a risk. Many children who are born at low birthweight wind up doing just fine in school individually, but low-birthweight children as a group are at greater risk than children who are born at normal birthweight.

There are several advantages to having a good social index of risks at birth. It provides schools with information about their future student population. It lets policymakers know what the health care and social welfare systems are doing to insure that infants get a healthy start in life. And third, it provides policymakers with a larger window of opportunity to intervene to insure that all children receive support before they enter school. We now have a revised standard birth certificate — I don't know if you know this, since 1989 — that contains more than a dozen items of information that are potentially useful in developing an index of educational risk. The information on the birth certificate includes whether and when the mother received prenatal care; the amount of weight she gained during the pregnancy; whether she smoked cigarettes or drank alcohol during pregnancy; how closely the infant's birth followed a previous live birth to the same mother; the mother's parity, that is, the number of live-born children she has already had; and the infant's birthweight and prematurity status. Two of these items, birthweight and prenatal care, are explicitly addressed in the third objective and are presented in the annual goals report.

The birth certificate also contains information on the mother's educational attainment, age, and marital status at birth. The availability of these data make it possible to develop an index of average educational risk for all children born in a given year in a given geographical area. We initially selected 14 items from the birth certificate for possible inclusion, and after reviewing them carefully, we divided them into three groups, or clusters, of risk: social risks, maternal risks, and infant risks. The items listed under social risks are certainly important, but Christine Nord and I used them previously in an index of vulnerable family formation that was reported in the 1993 *Kids Count*, and there is frankly a bit more controversy over them because they involve such things as the marital status of the mother.

We wanted to focus on health risks at birth. We wanted also to focus on things that could be altered both by improving health care and access to health care and by changing maternal behavior. So we focused on the central core of maternal risks. Obviously the maternal risks are very much predictive of some of the infant risks, and the low birthweight is already being reported annually by the Goals Panel. So we define the risks as low maternal weight gain, with a gain of less than 21 pounds during the pregnancy; she smoked cigarettes during the pregnancy; she drank alcohol during the pregnancy; it was a closely spaced birth, that is, a birth that occurred within 18 months of a prior birth; the mother was parity four or higher, that is, she had already had three or more live-born children; and the mother received prenatal care in the third trimester or not at all. As you may know, several of these risk factors are associated with low birthweight. A mother who receives no prenatal care, for example, is three times as likely to deliver a low-birthweight infant as is a mother who receives prenatal care early on in her pregnancy. Low weight gain and smoking and alcohol consumption also increase the likelihood of having a low-birthweight infant. Not only are these children at higher risk of morbidity and mortality, but they are also at greater risk of developmental delays and learning disabilities at older ages that can affect their school success. In extreme cases, of course, drinking can cause fetal alcohol syndrome.

Research has also shown that closely spaced births and large family size are both associated with lower academic achievement. Births that are closely spaced can deplete the physical resources of the mother, both during the pregnancy and after, potentially interfering with the optimal development of the fetus and with the mother's ability to provide the proper nurturing environment for the newborn. In addition, newborns and young children demand an enormous amount of time and attention. When two children are spaced closely together, it becomes more difficult for a mother to successfully meet their demands. If the mother already has three or more children, a similar drain on time and energy is possible. Of course, not all children from large families, or those who are closely spaced, fare poorly in school. I always like to think of the Bach family, for example, that had a very large group of children, all of whom did very well (Johann Sebastian Bach, for those who think the Beatles invented music). On average, however, children who are from larger families with closely spaced births face a higher risk of doing less well than their counterparts from smaller families with children spaced farther apart.

There are some issues about the quality of the data from the various states, but for the most part, in most states, these data are available. We decided to calculate the index if there were fewer than two missing data elements. We created dummy variables from each of the six factors, where 0 is defined as no risk and 1 is having the risk at birth. We then sum the number of risks. The procedure gives the same weight to each item in the indicator. Although an optimally weighted scale might have a slightly higher reliability and a higher correlation with criterion measures, research suggests that equally weighted scales correlate quite highly with alternative methods of constructing scales. And a loss in reliability is usually slight. Equal weighting has the advantage of being simple to apply, with a clear underlying logic.

After obtaining the straight count of risks for the nation as a whole and for each of the states that had data, we transformed the index to indicate the presence of no risks, one or more risks, two or more, or three or more risks. It was this indicator that appeared in the 1993 Goals Panel Report. This is the most recent National Education Goals Panel Report – the one that just came out. You can get a copy from the Department of Education for free, and it has this children's health index and many other indicators in it.

As you can see, 45% of all births in the United States had one or more of the risk factors just discussed present at birth; 14%, or one of every seven births, had two or more risks; and 4% had three or more risks. There was substantial variation by race and ethnicity. Asian births had the best start in life; only 38% had one or more risks. American Indian births were the most disadvantaged on this index; 63% had one or more risks from the start, and 9% had three or more risks.

The single most common risk factor is low maternal weight gain. Over one third of the births with one or more risk factors have low maternal weight gain as one of their risks. Nearly one quarter of the births with at least one risk factor have low maternal weight gain as their only risk. Smoking during pregnancy is the second most common risk factor, followed by births to women with three or more children and closely spaced births.

States vary in their level of risk, and in the Report you can see the various state values. Kentucky, South Carolina, Wisconsin, Wyoming, and the District of Columbia have the highest risks. At least 50% of births had one or more risk factors. Among the states that had the lowest risk was Hawaii, where 60% were born with no educational risk factors. This may be not only a tribute to the population composition of Hawaii but also the health care system in Hawaii, which is a rather good one. Making state comparisons calls for some caution, because of differences in the levels of missing data. For example, in Maryland, only 76% of the births were used in calculating the index, and in Connecticut, 72% of the births were used because of missing data problems. Most states, however, had 98% of their data, and as this is tracked over time, we expect the data quality to improve.

Now I want to present some data showing the validity of the index. Christine Nord and I took the data from the National Longitudinal Survey of Youth, a longitudinal study of the children of a cohort of mothers. Data were available about the conditions at birth of these children and on several tests that were individually administered to the children when they were 4 and 5 years old – for instance, the Peabody Picture Vocabulary Test (PPVT), the Peabody Individual Achievement Test for Mathematics (PIAT-Math), and the Peabody Individual Achievement Test for Reading Recognition (PIAT-R). The PPVT measures children's vocabulary for spoken Standard English; the PIAT-Math measures children's knowledge of beginning mathematics; and the PIAT-R measures word recognition and pronunciation ability. These tests are reasonably correlated with how children do in school.

The sample is a national sample, basically children born to a cohort of mothers in the United States. What we did was to look at how test scores varied with the index. Our analyses revealed that an increase in the index was associated with a decrease in mean test scores for all three tests at ages 4 and 5. For example, the mean score on the PPVT for children with no risk factors was 94, compared to a mean score of 77 for children with three or more risk factors at birth. Similarly, the mean score on the PIAT-Math was 101 with no risk factors, and 90 for children with three or more risk factors. We then also controlled for things such as race, mother's education level, and even the mother's scores on the armed forces qualifying tests, which were available in this database. The important story here is the increasing average loss in test scores for every increase in the index from zero up to three, and that the risk indicators are still risk indicators, even when you control for other social factors.

The educational risk indicator we constructed highlights how often children are exposed to preventable risks. The absence of any risks does not guarantee that a child will be well prepared for the challenges of formal schooling, but children with no risks are, on average, in a better position to do well in school than those with one or more risk factors going against them. Not all children born with one or more risk factors have problems when they enter school, yet the risks make it that much more difficult for them to do well. Even after controlling for important confounding factors, the maternal risk index remains a significant predictor.

Improving the access of all pregnant women to early and regular prenatal care would help to move the indicator in a beneficial direction. If, in addition, physicians and medical personnel took all available opportunities to educate pregnant women and mothers about the potential consequences of their behaviors during pregnancies, more children would start life with no risks against them. In particular, women should be made aware of the dangers of smoking and drinking during pregnancy for the unborn fetus and of the importance of obtaining early and regular prenatal care during pregnancy.

Fathers and mothers also need to be made aware that children really do benefit from the time and attention devoted to them before school. Health systems could encourage parents to plan their pregnancies so there is sufficient spacing between births to allow the mother ample time to recover from a previous pregnancy and allow her to spend the time she needs to devote to each child. Parents need to recognize that even though there may be other children to play with, the children benefit from the time spent with adults. This index can easily be calculated each year for the nation, for the 50 states, and for local areas. It gives visibility to the importance for children of maternal behaviors during pregnancy and prenatal care. Tracking it will help in determining whether provision of services and increased awareness help to change parental behavior and improve children's health and chances for a good beginning at school.

That is the story about the health index. Now I would like to talk to you about two surveys that are also going to be done. With the active collaboration of the Goals Panel resource group, there was a national survey of kindergarten teachers done, from which a report is currently available from the Department of Education. It tells us something that we did not know before about the conditions of kindergarten teachers and the kinds of people who are kindergarten teachers in a large representative national sample (of public school kindergarten teachers). One of the things that we asked about were kindergarten teachers' beliefs about readiness.

Before I present data from that though, I would also like to tell you about another survey, the National Household Education Survey, which the Department of Education is sponsoring and my company, Weststat, is carrying out. It is a national sample of parents of young children who are asked about things such as use of Head Start and use of other early child care programs. In this year, 1993, they were also asked about the developmental accomplishments and problems of the children; kindergarten kids were also asked about difficulties they experienced in school. That database and reports from it will be available shortly.

A nice thing about that parents' survey was that we were able to ask some parallel questions of the parents and the teachers about how important various characteristics for readiness are. We asked them to rate these questions: the child communicates needs, wants, and thoughts; the child takes turns and shares; the child is enthusiastic and curious in approaching new activities; and the child sits still and pays attention. There were also some school-related items such as the child is able to use pencils and paintbrushes; can count to 20 or more; and knows the letters of the alphabet. The highest rated item was "communicates needs, wants, and thoughts verbally." The lowest was "knows the letters of the alphabet." But interestingly, parents tended to rate all of the characteristics as very important, whereas teachers dropped off substantially on the more obviously school-related items such as "knows the letters," and "can count to 20 or more."

To highlight the findings, parents of a majority of preschoolers believe that knowing the letters of the alphabet, being able to count to 20 or more, and using pencils and paintbrushes are very important — are essential — while few kindergarten teachers share these beliefs. Parents are far more likely than teachers to rate all of the behavioral items as very important or essential. The relative importance that parents as a whole attributed to some characteristics versus others holds for parents with different levels of education, but there were other large differences by parent education level. Those parents who had higher education were less likely to say that the academic, the pre-academic, skills were important and more likely to emphasize the social, temperamental, and behavioral ones. I think part of the message here is that the developmentally appropriate message is getting across to kindergarten teachers. It is interesting that some of the teachers who endorse those kinds of developmental perspectives also had some very didactic beliefs about their own practices and behaviors, and we do have some further questions in that survey about that. But clearly there is also a need for some better communication between parents and teachers — and some concordance.

One might look at these data from a different perspective. One of the reasons why the kindergarten teachers downgrade some of the pre-academic skills is that they feel they can teach these things to the children in kindergarten. Indeed, some of these skills are on a lot of kindergarten report cards. Also, the higher education parents may place less emphasis on the pre-academic skills because their children already have those skills. Also, there is the issue of the temperamental, behavioral, and social ones — of what parents can do. I think it is often pretty clear to parents what they can do to teach kids simple skills like counting. It is less clear how they can make them communicate well and be enthusiastic and curious. This database promises to be very interesting; it is going to tell us what the conditions are for kindergarten teachers around the country, which has not been well known before.

Another important thing that the household education survey gives us is a picture of access to preschool programs like Head Start. There are some data from the 1991 household education survey that show what proportion of children 3, 4 and 5 are attending center-based programs, which includes Head Start, but also includes prekindergarten programs and day care centers. There is no particular quality cutoff here. It is just whether it is a center-based program. Bear in mind that one of the objectives under the readiness goal is to have all disadvantaged children, particularly, have access to good quality preschool care. The current situation — and this really has not changed in '93 — is about 53% of all 3, 4 and 5 year olds who are not yet in kindergarten are attending center-based programs. It increases with age from 42% at 3 to 64% of 5 year olds. Both black and white children have about equal access. Hispanic children are notably lower in their likelihood of getting center-based care. Children whose mothers are employed are much more likely to be in center-based care than are those whose mothers are not in the labor force.

When we see breakdowns by education and income of the same variable, unfortunately, what this tells us is those who have are getting and those who have not are not getting. Forty-five percent of those in families with $10,000 or less are receiving center-based care, as opposed to 80% of those with incomes of $75,000 and over. Similarly, those whose parents have less than a high school education, who can probably benefit most from good-quality, center-based care, are least likely to be in it; only 30% are receiving it as compared to 73% of those whose parents have a high school education.

What the data indicate particularly is that there should be a lot of focus on making care available. Many inner-city black children who are in the safety net of AFDC and Medicaid are often receiving Head Start. Also, one might raise questions about the quality of that Head Start. The kids who are more likely to be slipping through the safety net, not receiving this kind of care, are low-income Hispanic children in two-parent families, the children of recent immigrants. This survey will continue on a recurring basis so we can track how this changes between now and the year 2000 and see whether there is, indeed, more access to center-based care on the part of all segments of the preschool population.

I would very much encourage you to get these reports; they are available for free. If you are inclined to work with these databases, they will be available on CD-ROM disks so you can work with them on your PC, as well as on large computers.

Sharon Lynn Kagan: For those of you who follow the reporting in the National Education Goals Panel Report, you may note that in the first year we were very straightforward, indicating in the first part of the report that there were no direct measures of children's outcomes. The governors were very concerned about that and, as a result, wanted us to move more directly in defining what it was that we would measure if we were to measure direct outcomes. What Nick has shared with you is really about indirect indicators. Now for you and for me, this may satisfy what we would like to have reported because it certainly does put an onus on the nature of services the children are receiving. But there is still a press on, on the part of the governors, for direct indicators. What I am going to talk about will relate to the direct indicators.

These volumes are available from the Department of Education and, perhaps, even a little bit more efficiently, from the National Educational Goals office. The address is 1850 M Street, N.W., Suite 270, Washington, DC, 20036. If I might make a recommendation: write them a letter and tell them that you would like to be put on the mailing list not only for this report, but for all the reports that will come forward in perpetuity — because there will be a report each year.

As I mentioned before, in the initial report of the technical planning group, which was approved by the Goals Panel, we — "we" being the collective we, the nation — identified five dimensions of readiness. Let me first articulate them: No. 1, physical health and motor development; No. 2, social and emotional development; No. 3, approaches toward learning; No. 4, language usage; and No. 5, cognition and general knowledge.

I will talk a little bit about the process that we used to amplify the definitions and then share with you just a touch of what the report will indicate. A series of commissioned papers was requested from scholars throughout the country. The goal of these commissioned papers was to provide syntheses of major bodies of research around each of the dimensions from scholars who were noted for their work in that dimension. In addition, we were very conscious — and this will reverberate through our remarks — that insufficient attention had been given to cultural variability in our understanding of these dimensions. And consequently, through the commissioning of work from minority scholars, we were able to augment the thinking on these pieces. The commissioned papers, along with their extensive bibliographies, were amassed, and several drafts were written by members of the technical planning group that were reviewed and rereviewed by members of the group. The final draft, and I underscore the word "draft," is actually being printed right now.

Understandably, when you approach a task as formidable and as comprehensive as this one, with scholars who are very intensely engaged in the issue, there is a great deal of debate. There were five issues about which we wanted to preface our remarks, not because we could not reach agreement, but because it was very important for us to have these issues up front on the table. So the report begins with issues for consideration.

First, although we are talking about these dimensions as distinct dimensions, it is clear that we all understand that, in reality, they are completely interrelated, that talking about them as individual dimensions does a disservice (a) to the complexity of development and (b) to the richness of development. On the other hand, we could not figure out another way to do it, and if anybody else can, we would be open to your support on that. Second, there is considerable variation in the information that is available regarding each of the dimensions. It is no secret to anyone in this room that we have a lot of knowledge on the last dimension: cognitive development and general knowledge. We have been assessing it *ad infinitum*. On the other hand, it is also no secret that we have very limited information on what we mean by approaches toward learning. Consequently, these dimensions are treated in different amounts of detail with different amounts of support. So there is an inconsistency in the report that, again, we did not know how to handle.

The third issue relates to individual, cultural, and contextual variation. We all recognize that individuals vary dramatically along these dimensions, and yet it is of great concern to all of us that the focus in our literature has not sufficiently taken into consideration cultural or contextual variation. We have done a decent job on individual variation. The group played with this, because, on the one hand, we wanted to add in another dimension on cultural variation and still another on contextual variation. Yet, as we began to play around with this, we decided that that was going to be difficult to do, so the alternative that we chose was to infuse each of the dimensions with discussions of cultural and contextual variation. Also, we feel that these are pervasive and that to treat them as separate dimensions would be a great disservice.

The fourth consideration was that although this task was undertaken under the guise of the Goals Panel and with a latent message that directed it toward measurement, we, as a technical planning group, were very concerned first about the issue of defining what we meant by these dimensions. Consequently, there was no attempt made by the group to ascribe threshold levels, etc., or even to assess whether or not the parameters and the variables that we discussed could be measured. This report then must be regarded — although it is coming from a group concerned about measurement — as an attempt to help amplify the definitions.

The final consideration is that we felt very concerned — as individuals as well as a collective group — that by focusing so much on amplification and, indeed, on measurement, we were misconveying our own personal commitments to wanting to accelerate social responsibility for readiness along the domain that the input indicators indicate. Consequently, we make a very strong plea for a commitment to evolving not simply advances on the measurement of young children, but also advances on the inputs that young children receive. Parenthetically, before I begin to describe the dimensions, let me say that the Goals 2000 legislation that is currently ambling its way through the House and, hopefully, through the Senate will give a broader role to the Goals Panel and, in addition, will change slightly the focus of its responsibilities from primarily measurement to being concerned about implementation. So some of the activities that are on the drawing board are less focused on measurement and more focused on this issue of social readiness and on the implementation side of it.

The first of the five dimensions is physical and motor development. We felt that this dimension could best be broken into categories that included the rate of growth; physical fitness; gross, fine, or oral skills; and health care access. Underlying this first dimension is an understanding that healthy children enjoy a certain kind of liberty or freedom that allows them to focus on the learning process. . . health or developmental problems are often forged toward accommodating discomfort, dependence, and special arrangements that may cause them in their very early years to develop a sense of being different and cause them additional challenges in adapting to peer groups and to environments. The planning group stressed the fact that children who deviate significantly from normative patterns of physical development may, however, possess strengths in other areas that they have developed to compensate for some of these abilities or disabilities and that they demand close attention as to their strengths from schools and other social institutions that assess and nurture their learning potential.

The second dimension is social and emotional development, and there is no question that this report stresses this dimension. It also stresses the malleability and the receptiveness to intervention in this dimension. We talk about — under social and emotional development — the variables that are related to fear, joy, anger, delight, horror, shame, pride, etc., and note that these change developmentally over time and as a result of contextual situations in which children find themselves. In addition, we also note that some of these patterns of emotion, when mingled with genetic variables, do dramatically shape children's self-concepts, and that, after a certain point in time, they are less malleable than when children are very young. We also discuss variables that are associated with social development, including cooperation, the ability to treat others equitably, the ability to distinguish between incidental and intentional actions, and the willingness to give and receive support. The report recognizes that social and emotional development are contingent on the match between (1) children's feeling states and their social knowledge and (2) on the expectations of the social situations in which they find themselves — that contextual variable coming forward again.

The third dimension, approaches toward learning, is honestly, I think, the most difficult because it is perhaps the least understood and the least researched. The paper actually divides this dimension in two, and suggests a first category called "predispositions" and a second category called "learning styles." Somewhat imperfectly, we define predispositions as genetically and culturally imbued early on, including things like gender, temperament, and cultural patterns. By contrast, learning styles include variables that reveal how kids approach the learning process: their openness and curiosity to tasks and challenges, their task persistence, their attentiveness, their approach to reflection and to interpretation, and their capacity for invention and for imagination.

The fourth dimension is language usage. It is quite clear that children need to use language not only as a tool for communication, but as a tool to enhance their own cognitive development and their own thinking. We are very concerned in this report that traditional understanding and assessment of language ability has been very narrow and has failed to acknowledge that children, indeed, although their actual use of language may be highly imperfect, come to school as seasoned users of language — language that has been acquired in the home and in the community, and language that might not match the language of the schools. We take a very strong stance on the need for extreme care when assessing and when thinking about language usage among children who are from cultures other than the mainstream culture.

Finally, the fifth dimension centers on cognition and general knowledge — the domain, of course, that is most well known and most frequently associated by the general public and the governors with public schooling. For us, cognition and general knowledge represented the accumulation and, in some ways, the reorganization of experiences that have been derived from past learning settings; I do not mean formal learning settings, I mean *all* settings. We know that from these experiences children construct the knowledge patterns and the relationships — cause and effect and their approaches to solving problems.

We do feel that we have done, as a nation, a fairly decent job of measuring this last dimension and therefore caution and urge our colleagues, as we move this toward the next step, to focus efforts in the other dimensions. We are concerned with momentum and knowledge building in all of the dimensions; the two that were the most difficult were approaches toward learning and social and emotional development. I am sorry that time does not permit me to do a more robust analysis of each one, but I have tried to convey the flavor that we have tried to capture in this report.

I would like to turn now to my colleague and friend, Sam Meisels. Nick and Sam and I, along with a number of others, have been playing a role in this task over a long period of time, but we are all painfully aware — frequently lobbied by our colleagues in the field — that this effort is one of many important efforts that is going on in the field, and that it sits within a maelstrom of issues that need to be addressed. And so part of the grappling that goes on in these meetings is not only about the content and about the measures, but also about "What does this really mean?"

Samuel J. Meisels: I am going to tell you what it really means. You know, none of us wrote that goal, right? We did not come up with those words, "By the year 2000, all children in America will start school ready to learn." Someone has likened that to a clean-up-your-room type of thing, which means, "You want to go outside, fine. First clean up your room." "You want to go to school, first get ready." But we have been good and polite, and so I am going to be not so good and a little impolite today. I will talk about the broader context and mention some issues that I think are problematic with the policy that are not caused at all by the first goal, but which the first goal can be used to justify. Let me then talk to you about some solutions that I think we should look at. "Solutions" is probably too strong a word, but at least strategies, strategies that are highly consistent with what we have tried to do. We may not have liked the way the goal was stated, but we have made sure that each one of us likes what we are doing, that we can respect it, that it is ethically and professionally supportable.

I want to begin these remarks with a phrase from Jerry Bruner's 1966 book, *Toward a Theory of Instruction*. In that book, Bruner stated that readiness is a mischievous half truth. The task today is to figure out which parts of readiness are, in fact, the half truth and what about readiness is valuable and meaningful. The first national goal, of course, has caused a tremendous amount of consternation and gnashing of teeth in the early childhood community.

What is wrong with the picture painted by this goal of all children being ready to learn? Several things. First of all, it is blind to biology. By virtue of children's shared species heritage, all children are ready to learn from birth. They do not have to wait until age 5. We do not need former President Bush and the fifty governors to tell us this or to remind us of this. We know very well what is going on.

Second, the goal ignores development. It will never be the case that all children will attain the same level of performance at some culturally defined single point in time. Individual differences and variations in development that are associated both with exogenous and with endogenous variables make a mockery of chronological benchmarks when we try to apply them across the board to all children.

The third problem in the statement and the goal — and like I said, we do not get to say these things out loud very often, so we are friends, right, and you won't tell anybody I said this — is that it is conceptually confused. What is readiness? When we wrote the first report about three years ago, we did our best to write it for the governors without even using the word "readiness" at all; that was the task we set for ourselves. Is it something we wait for? Is it something that we impose? Is it something within the child? Is it something outside of the child? My own view, which I will return to as we go along, is that readiness is a relational, interactional, educational construct that reflects a focus on both the child's status and the characteristics of the educational setting. So maybe it is easier to conquer the Persian Gulf than to define readiness.

Fourth, the simplistic interpretation of readiness that can be derived from the first goal contains within it the potential for encouraging very harmful policies for young children. In our efficiency and accountability-oriented educational world, it is easy to imagine that someone is going to have to pay the piper if we reach the year 2000 and those children are not ready for school. What I want to focus on here is what I see is wrong with those policies and then try to move in a more positive and constructive direction.

The three misguided policies are the following: raising the age of school entry, retention in grade for kindergartners, and installation of extra-year programs before kindergarten or before first grade. All three are iatrogenic. (Iatrogenesis is a term from medicine that is used to describe unintended effects of treatment. An unintended effect of the drug thalidomide, for example, is phocomelia. An unintended effect of the drug diethylstilbestrol, DES, was cervical cancer in the offspring of mothers who took this drug in order to prevent pregnancy problems.)

The three so-called readiness policies I just mentioned are all iatrogenic. They are not physically deforming, as these biological hazards were, but their associated practices can alter the inner life of children and can reduce the chances for life success no less than that of a severe biological hazard. I am going to describe them in terms of three myths — three myths of America's kindergartens. Myth No. 1: raising the school entry age produces smarter kindergarten classes. Children in traditional American schools begin kindergarten at about age 5, which places the U.S. in the earlier portion of school entry ages when compared with other countries. School entry age is set at 6 for Russia, Switzerland, Australia, Japan, and Germany. In Sweden, children enter school at age 7. In England, they begin school between ages 4 and 5, and in New Zealand, they start school on the day of their fifth birthday, whenever that may fall. Apparently there is no magic age for starting school. But during the last 10 years, starting ages have been moved back gradually, so that children are beginning school at older ages now than they were previously. In 1978, 29% of the states (15 states) required that a child be 5 by September in order to enter school. By 1986 the number had risen to 26, or 52% of the states. And it has continued to rise.

The attention to school entry age is interwoven with issues of school readiness, because the assumption is that the older the child, the more capable the child will be to negotiate the requirements of the kindergarten curriculum, which sounds pretty strange to us, right? But the proponents of older entry ages note that elementary school curricula have changed in recent years because they have been enmeshed in the descending academic spiral of higher standards, accountability, and increased academic expectations — so they assume that if students are older when they begin school, they will be more competent academically. But this emphasis on chronology overlooks the fact that maturation is only one of a host of factors that impact development. By changing the entry age, the overall range of ages enrolled will be affected, but because of natural variability and the impact of earlier experiences, it is still very likely that the oldest children in any given group may be developmentally less advanced than their younger classmates.

Moreover, negative implications can flow from a change in age and entry. By moving back the entry age, encouragement is given to those who wish to fashion a more academic, less developmentally appropriate curriculum, since such advocates can begin to consider kindergarten-aged children as capable of doing what once was considered to be first-grade work. Moving the age range back also requires an additional year of preschool or day care. This represents, as we have seen in the data that Nick just presented, an economic burden for parents of limited or even moderate means. To a certain extent, I think it also is a crisis of supply because — although I am not sure how to reconcile it with the data Nick just showed us — my impression had always been that there are relatively few slots for older 4s and for 5 year olds in the child care market. Given the societal and familial inequities that children can encounter in their first years of life, age should remain a nondiscriminatory demographic variable. Changing the age at entry serves little purpose in our efforts to improve the later school outcomes of young children and, in fact, can hinder those efforts.

Myth No. 2: if children are not ready for first grade, we do them a favor by holding them back. Retention in kindergarten and the first few grades of school has become extremely prevalent across the country. We know from the National Education Longitudinal Study of 1988, known to us fondly as NELS, that one in five children between kindergarten and Grade 8 is retained at least once in school. So, if you take a national sample of public school kids, one in five children between K and 8 has been retained at least once. Incidence of retention in kindergarten or first grade has been recorded over the last five years to be as high as 9% in North Carolina, 14% in Louisiana, and, before 1990 changes in Massachusetts state law, as high as 20% in that state.

Research regarding retention demonstrates that its effects on young children are cause for great concern, just as they are for older children. Laurie Shepherd and her colleague Mary Smith have shown that kindergarten retention effects are really no different from effects with older kids and have very harmful effects on both socioemotional outcomes and on the development of self-concept with kids of this age. The unintended effects, the iatrogenic situation with retention, are to me no less than startling. Research shows that retention is the single most sensitive indicator of dropout potential. In Detroit, near where I work, being retained in grade by 1 year increases the risk of dropping out of Detroit high schools, and probably other urban high schools, by as much as 40% to 50%. Being retained by 2 years in Detroit increases your risk of dropping out to 90% — which to me is fairly astounding.

Retention policies, of course, are not applied equally across ethnic and racial groups. In 1986-87 data available from the state of Florida, we found that white students were underrepresented by 9% among retainees, whereas black students were overrepresented by 7% and Hispanic students were overrepresented by 2%.

Moreover, we find that grade repetition is more prevalent for males and females and for learning disabled kids than it is for non-learning disabled kids, and it goes on and on. The NELS data set that I and others have done shows that no academic or socioemotional advantage is conferred by taking an extra year of school. In the face of this evidence, it is virtually impossible to defend retention as a policy designed to improve the outcomes of young children, and yet that is something that has been done many times.

Now let me move to the last myth, Myth No. 3: immature students or slow learners can benefit from 2 years of kindergarten. Recent studies of "developmental kindergartens," which is one of the host of euphemisms, like beginnergarten, transitional grade, reading readiness, kindergarten, young 5s, and on and on — it is an astounding array of euphemisms — have shown that these programs have been designed to provide for children who are academically, socially, emotionally, and/or physically immature, which is the next problem, because some of us know we even have friends whose spouses are immature, right? But these programs are supposed to provide children with more time to grow and develop. The research does show us that by third grade there are no differences in reading or math scores when you compare matched groups of developmental kindergarten graduates and traditional kindergartners. Even less encouraging, I think, are findings from a statewide study in Virginia that showed that developmental kindergarten students who spent 2 years before reaching first grade fell behind their matched peers, who had only one year of kindergarten. These findings were more exaggerated for racial minority children enrolled in developmental kindergartens as compared to white children.

Elementary school teachers also do not distinguish between children who were retained before first or second grade, or between those who have been retained and those who have attended developmental kindergartens. Given these findings, one can only speculate on why it is that extra-year programs, as well as retentions and change in age of entry, remain so prevalent. In all three instances, teachers, parents, and policymakers find themselves in a situation not entirely of their own making. The downward spiral of academic demands brought about in part by the expectations implicit in group-administered, norm-referenced achievement tests have resulted in teachers finding their students less able to cope with curricula that previously were directed toward older and more experienced students. So what is happening is that teachers appear to be more amenable to strategies that remove children from situations in which they may fail. But the very alternatives selected to protect children from this increasingly inappropriate curriculum Education and the Schools carries within them the seeds of failure, low self-esteem, and reduced academic achievement. The policies I have been describing were introduced in order to respond to nationwide pressures for excellence, accountability, and increased competitiveness, but they have had more negative effects than positive results. Compared with other possible alternatives, their iatrogenic potential far outweighs their likelihood of improving children's life success.

These phenomena can be seen to represent a modern redefinition of the perennial developmental opposition between nature and nurture. In this modernist high stakes conception of the nativist position, the task is one of protecting students from the rigid academic demands of later grades by holding them back, holding them out, entering them later, or adding another year of preparation. In contrast, the nurturist position contends that the academic curriculum of the later grades should be made flexible enough to accommodate the varied needs of students who are developing at different rates. Such organizational solutions as those I have been mentioning here reflect this nativist approach. They assume that the school curriculum is as monolithic and as immutable as a child's genetic endowment and biological inheritance. Traditional readiness programs, which are often little more than what I consider to be early childhood prep programs, rely on such external modifications as lowered entry dates and frequent retentions because they focus narrowly on preparing children to conform to a school curriculum.

How do we find our way out of this maze of unintended consequences and good intentions gone wrong? How do we find the truth that lies behind the mischievous half truth that Bruner mentioned more than 25 years ago? I want to offer a strategy that differs dramatically from the organizational initiatives that I have been criticizing. I believe that if we are to improve the academic success and life chances of young children who are enrolled in school, we must change our focus from the organization of schooling to the content of teaching and learning.

Specifically, I recommend that we make use of curriculum-embedded performance assessments as means for helping teachers and children reach their potential in early childhood and early elementary classrooms. Why performance assessment? Why would I look at performance assessment as a way out of this morass that I have been describing? The reason is that performance assessments have a high probability of institutionalizing what I believe responsive and developmentally appropriate classrooms should contain. The essential character of the readiness definition that I described at the outset is, at heart, interaction, the dual focus on the child's status and on the child's educational setting. For such a dynamic to occur, a classroom structure that encourages, or even requires, individual planning, programming, and evaluation is essential. These characteristics can be incorporated into the components of a curriculum-embedded performance assessment. This approach — something like the sampling system that I have been working on with my colleagues at the University of Michigan, and which, I believe, offers an empirical test of the definition of readiness that I am suggesting — is based on using teachers' perceptions of their students in actual classroom situations, while simultaneously informing, explaining, and expanding or structuring those perceptions. It involves students and parents in the learning and assessment process, instead of relying on measures that are external to the classroom and family context. And it makes possible a systematic documentation of what children are learning and what teachers are teaching. In short, it draws attention to what the child brings to the learning situation and what the learning situation brings to the child. It is that dual focus that we have to keep in mind. As actual constructors of knowledge, children are expected to analyze, synthesize, evaluate, and interpret facts and ideas. Performance assessment allows teachers the opportunity to learn about these processes by documenting children's interactions with materials and peers in the classroom environment and using that documentation to plan future educational interventions.

I realize that a proposal like this might seem strange to you. After all, we know that no magic is conferred by assessments per se, not even by performance assessments. Moreover, if our goal was to improve instruction and to enhance learning, then recommendations about using assessments as a means to accomplish these ends have to be made extremely cautiously. So let me emphasize that only performance assessments that meet several criteria are going to help us out of this kind of a situation. These criteria include the following: first, these assessments should be integrated, bringing together various skills into visible displays and demonstrations of behavior that occur during the context of instruction. In this paradigm, we expect to see children construct models, solve problems, and prepare reports that call upon a range of skills, experiences, and knowledge.

The second criterion is that these assessments should emphasize top level competence. Unlike conventional group-administered, norm-reference tests, performance assessments ask children to show us what they can do, and teachers are expected to work with their students to help them achieve their best possible work — work that reflects their special talents or their special interests. Third, performance assessment should encourage metacognition and the capacity to articulate, as well as reflect, on performance. Through performance assessment, students are engaged in the learning process. They evaluate their own work and they reflect on their own progress, rather than being passive recipients of instruction. Finally, performance assessments are guided by developmental standards. These standards are embedded in the longitudinal character of children's work that is captured by the continuous progress format of curriculum-embedded performance assessments.

In short, to conclude, I believe that performance assessment is a compelling strategy for enhancing children's success in school because it brings educational policy about young children back to the classroom — to the intersection of teachers, children, and curricula. Performance assessment emphasizes the nurturists' side of the nature-nurture debate, but it does so in full recognition of the existence of individual differences between children, and the concomitant importance of individualizing children's experiences in school. Rather than relying on organizational solutions that are external to the classroom, performance assessment places in teachers' hands the responsibility to fashion a meaningful educational experience for their students. Some will claim that this is both its greatest strength and its greatest potential weakness. Nevertheless, the ideas I have been discussing enable us to restate the first national educational goal. If I could do that, it would say: "By the year 2000, all children will have an opportunity to enhance their skills, knowledge, and abilities by participating in classrooms that recognize individual differences, reinforce and extend children's strengths, and assist them in overcoming their difficulties."

Sharon Lynn Kagan: Now, for certain, that is what those who were convened at Charlottesville really wanted to say, right?

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Improving Learning in Schools

Chair/Discussant: John W. Hagen

Presenters: Harold Stevenson, Doris R. Entwisle, Edward Joyner

The concern with the academic achievement of children in schools in the United States is omnipresent and expressed at national, state, and local levels. The three presentations of this session provided perspectives on the underlying reasons for the low achievement of so many of our children, and each provided evidence for its conclusions based on solid data from current research. Cross-cultural research in China, Japan, Taiwan, and Hungary, as well as several cities in the U.S., was described by Harold Stevenson. The work demonstrates that cross-national differences occur in academic achievement rather than in ability. Further, the differences can be attributed to a number of factors, including curriculum, teaching methods, family involvement, and commitment to educational goals. The educational intervention programs from the Comer Project for Change in Education demonstrate that children from families in poor, urban minority environments are able to achieve exceedingly well educationally when the parents and others in their neighborhoods become part of the larger curriculum. New directions in the program were discussed by Edward Joyner. Findings from large-scale studies of children in urban settings reveal a gender gap that emerges in the early years, according to Doris Entwisle. This research provides insights into the possible remediation of the gap. Each of these three programs of research has been acclaimed as providing directions for policymakers and practitioners for beginning the process to improve learning and achievement in the nation's schools. This work is challenging and encouraging to those who are dedicated to improving outcomes for children in our schools and communities.

Education and the Schools

The Learning Gap: Lessons from Cross-National Comparisons *Harold Stevenson*

Beliefs and practices concerning early childhood education differ markedly between the United States and East Asia. Although members of both cultures regard the preschool years as a time for social development, acquiring routines necessary for group living, and learning to enjoy learning, the emphasis on these factors appears to be much greater in East Asia than in the United States. Americans, to a greater degree than East Asians, emphasize academic preparation for elementary school during the preschool years.

Dividing child development into two periods, the first of which is a period of "innocence" that continues through the preschool years, Chinese and Japanese parents and teachers are much more tolerant of asocial, disruptive behavior than are Americans. However, when the child enters school, a period of "realism" is assumed to begin. Parents and teachers now expect a strong willingness to study and greater attentiveness, self-control, and compliance.

The contrast between theories of preschool education in Chinese, Japanese, and American cultures is paradoxical in view of the superior academic achievement of East Asian children. From the time of kindergarten, Chinese and Japanese children excel in mathematics, and Chinese children are skilled readers.

During children's preschool years, both teachers and parents rely on informal, rather than formal, modes of teaching related to mathematics and reading. This informal approach to teaching appears to underlie the children's current and later high levels of academic achievement. The experiences in East Asia appear to argue against the need for early formal instruction in order to insure subsequent high levels of academic achievement.

The Gender Gap in Math: Its Possible Origins *Doris R. Entwisle, Karl L. Alexander*

Gender differences in most cognitive domains are receding, but the gap favoring males over females in higher level math skills is as wide now as it was 30 years ago. So far, studies of the gender gap in math explain differences on the basis of individual level factors (parents, children's expectations, and/or perhaps genetic factors) and focus on students in the upper grades, middle school, and beyond, when these differences begin to emerge. Despite the equivalent math performance of the two sexes in earlier grades, however, elementary school could be an important staging period when different experiences of the two sexes could lay the groundwork for the gender gap seen later.

In investigating the nature of children's experience over these earlier years, this presentation builds on prior research in two major ways. First, it takes a new and more sociological perspective by considering how contextual resources at the group level (school/neighborhood) might affect children's development in math. Second, it takes a much longer view than does previous work because it examines the same children's math performance over their first 8 years of school.

A Hierarchical Linear Model analysis begins the story by establishing that resources at the school/neighborhood level do affect math performance more for elementary school boys than for girls. Then we show that in line with their greater sensitivity to contextual resources, the variance in boys' scores increases more than does the variance in girls' scores. We continue by showing that the larger variance in boys' scores in eighth grade leads college-bound boys to score at higher test levels than girls in the college track even though average scores do not differ by gender. This gender difference in means is significant ($t_{67} = 2.70$, $p < .01$). Thus early contextual effects, when overlaid on tracking patterns in middle school, produce the test score patterns so widely reported.

Why would school/neighborhood resources have effects on math reasoning for young boys and not young girls? Our two-fold speculation is that (1) there are differences in "exposure" because boys play outside the home (in neighborhoods) significantly more than girls do, and (2) neighborhoods expose boys to math-relevant activities like making change in stores, plotting bus routes, and the like, as well as to organized games. Team sports, in particular, offer multiple opportunities to learn math-related strategies and skills: computing batting averages, arranging players in space, applying complex rules in sequence, changing strategies between offense and defense, and so on. The responsiveness of boys to contextual resources and the greater variability of boys' test scores over girls' test scores are also consistent with other literatures.

Change in Education: Parent and Community Involvement *Edward Joyner (paper not available)*

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Cultural and Cross-National Issues in Child Development and Learning

Chair: John W. Hagen

"Conversation Hour" with: Harold Stevenson, Doris R. Entwisle, Edward Joyner, Urie Bronfenbrenner

John W. Hagen: Each panelist will take a couple of minutes to speak to the issues. The issues are important because the knowledge base we have now for research in these areas is, I believe, so substantial that it is a shame if we are not doing everything we can to work on the translation of this knowledge for use by policy people — and go from there into the field and actually into practice. That is much easier to say than to do, but I think we have to remember that policy people will make their policy whether they have our input or not. Learning occurs by dialogue and by exchange and by dynamic interaction. It is not a matter of researchers presenting a one-way direction to policymakers and they in turn to practitioners, but rather we have to see the dialogue go both ways. We have to have a chance to ask questions and to criticize and to react and to say why we think something will not work to see change occur. It is very difficult to do this on a large scale. I think it is always easier when you are working in smaller forums than when you are dealing, for instance, at the national level, as Marian Wright Edelman told us we should be — along with all other levels. Since the theme of this whole conference is the translation of research to be used to help the children in the nation, I think we need to keep that in mind.

I would like to add one other thing and that is about the training of a new generation of professionals who are multiply skilled, because I think Marian addressed that issue and many of us in academia are falling down on that. In fact, some of the progress we had made in developing programs to train people to deal with policy has actually diminished because of funding cut backs. We had one of the Bush Centers at Michigan — North Carolina did, Yale did. I know Ed [Zigler] is having problems getting funding; ours is now defunct, so these programs that train people to do the cutting-edge things are not in operation any more. We have got to figure out ways to not only gain back what we have lost there but, in fact, to move forward and train people who are going to be very adept at policy-related work.

Doris R. Entwisle: I would like to say a couple of things that I think you will be interested in and that have a lot of implications for policy. One is a finding that we have in the Beginning School Study in Baltimore, where we have been following about 800 youngsters who began first grade in 1982. This is, strictly speaking, a random sample. We selected these youngsters randomly and asked their parents if they could participate. We were able to persuade all but 3% of them; you know this is important, because parents who get their children into studies, or are eager to involve them, have so many good things going for them already that we often cannot trust the findings for those parents. I say that at the beginning as a caveat. What we have found, particularly in first grade — and I think this is something that is going to get to be better known — is that when we control on all the things that are important, like family socioeconomic status and so on, very large contributors to the amount of children's gain in first grade are what we call "interest participation" and "attention-span restlessness." The interest participation and the other components are accounting for more of the gain than is any other factor in that equation. So even with controlling for all the usual things, including ethnicity, gender, parents' expectations, and all the other variables that we know are important, this one comes in very loud and clear — and only in the first grade. From then on, if we look at what is happening to the direct effect of that in later grades, we do not see much. But if we look and see what happens to the first-grade standardized scores, as a consequence of those higher interest levels, we find that the effect of this interest participation measure is very strong in first grade but then fades out. Then if we look indirectly at how the test scores at the end of first grade that have responded to this interest participation then feed into the scores for the next grade, and so on and so on, the effects of one score upon another are so big that this influence from first grade is transmitted in a much stronger fashion than people have been led to believe.

If you look in high school and try to get measures of how interest affects performance, or how anxiety affects performance, or any of these other so-called personality variables, you do not see much, but it is there. It is hidden, because it gets factored in very early into these initial achievement levels. I think that this is a very important finding, because it suggests again why it is so important to do things in the early years and how important establishing early trajectories are. Once these are set in motion, it is much harder to move them than it is to provide resources in the beginning.

Harold Stevenson: As you were talking I was thinking about one of the results that we recently found. We have been doing a study of Asian and American kids since 1980. We began with children in the 1st grade, and the last time we tested them they were in 11th grade, so they are getting along. We hope very much that we will be able to work with them and their families again as they get out of college.

One of the things that you find if you do studies only within one culture is this. We had the parents rate the children when they were in first grade on a number of characteristics. Then we had the parents rate the children on the characteristics again when they were in 11th grade. Obviously, you would think there would be a high relationship between the characteristics in 1st grade and 11th grade — how good they were in verbal fluency, how good they were at learning, and so on. But when we examined the correlations for 1st graders and 11th graders in the Chinese, Japanese, and American groups, we did find that for the American groups, the correlation was high. For the Asian groups, it was low. This points out something that really bothers me about what has happened in this culture: we expect continuity and to a high degree. If you talk to people in other countries — in our case, the Asian countries — they say, "Well no, it depends on the experience that children have, depends upon what happens in the course of their lives; we would not expect it." We didn't get it — that is, the correlations are much more modest in Asian countries. We keep getting this over and over: if you ask Americans when they think you can predict college entrance exam scores, they say, "Well, probably by fifth grade." Many would say that. You ask the Asians when you can predict college entrance scores, and they say, "Well, maybe in 11th grade, but certainly by 12th grade." Why? Because you know then whether they are still diligent, involved, and so on.

What has happened in our culture that we are so strongly influenced by a nativist view? Not that we do not think that experience and hard work are important, but we think initial tendencies are so important that they are going to influence the consequence of experiences to such a great degree. If the individual is really bright, we think it does not make too much difference whether they study hard in school, because they are going to be successful anyhow. If they are not so bright, you think it does not make any difference because they cannot learn it anyhow. And that is terrible; as our Asian colleagues say, that is one of the most self-defeating sets of beliefs. They cannot imagine why we would believe that and why we do not have a much more flexible sense of malleability in human beings, so that it is not a matter of innate characteristics but much more a matter of experience. Anyhow, that is one of the things that comes out — in line with what you are saying — which I think is very interesting.

John W. Hagen: Isn't that a message we are getting from a lot of science though? Certainly psychiatry has gone much more toward a biological explanation for all kinds of things.

Urie Bronfenbrenner: I am so struck — it brings back a memory from years ago when I first met Luria; this was in the Soviet Union. We got talking; he was quite fluent in English. However, we were speaking in Russian. He knew that I had grown up, as I did, on the grounds of an institution — what we at that time still called an institution for the feebleminded — in the Hudson Valley. He had actually visited that institution when he was at Columbia, and he made exactly the same point. He said, "You know, you have many more mentally retarded in your country on a percentage basis than we have in ours, and it is very striking because you are losing so much productivity and capability. It has to do with your definition of what human beings are; we just do not have this phenomenon. We regard children as capable of being educated at any time in their life; they are going to be responsive when they get into a good environment. So we try to provide that — whereas you label them early and then see to it that they stay there."

My father was the neuropathologist in Letchworth Village (some of you may know of its existence) — some 3,000 inmates ranging in age from one year to death. He did not know American ways, and the thing that upset him so terribly was that the City of New York was the major place from which we got our inmates. You know how it is down in the big city: there is this kid, you do not know what to do with him, and there is no place. You say, "Send him up to Letchworth. It's nice there, its out in the country, and it will be good for him."

So they would send him up, and my father was a conscientious physician. He knew this was a place that once you got in, you were there for a long time. He would interview, examine the new patients, and he would come home in a terrible state. He would say, "I interviewed three patients today; they're all children, they're all absolutely normal; we have to get them out of here. The only way we can get them out of here is if they are tested and have an IQ high enough to warrant it. But the psychologist will not touch these kids, because they are not ready yet." You have to understand the conditions; they are upset, they are away from home. He knew if they failed that test they would be there the rest of their lives. I am mentioning this because it shows how the system worked then; it was a terrible thing to do.

That same institution had a very interesting policy, because the superintendent, Charles Little, a New Hampshire man, believed in neighborhood and community, rural style. Everybody in that institution had a job to do — in the bakery, for instance. As a high school student, I would be an attendant, which means I had 80 kids and we would pick up papers. Some of the patients would be assigned to do housework, low-level, mentally retarded housework in the homes of the staff. And their IQs went up, so they were discharged. These were my caregivers, because in our house, they were, you know, family members, good people.

Now, what happened to that policy when Charles Sherman Little died? The Supreme Court of the State of New York said that a lot of them worked in shops where the stuff was sold. The State Supreme Court ruled that this was unconstitutional, involuntary servitude, and Letchworth Village became a custodial institution. I mention this because here is the interplay of cultural belief systems and institutions that play this kind of havoc because of our tradition. The thing for me is our great emphasis on our great virtue, individualism. Either you've got it or you don't. It's the power of the individual. All you have got to do is measure it and then you know his future.

Edward Joyner: I think it goes beyond that a little bit, because I think it has some race and gender issues. If you look at certain minority groups, there is a sort of tradition in this country. It probably started back in the 14th century, when Europeans took slaves out of Africa. But the apologist movement, which was an intellectual justification for slavery, ascribed to Africans' intellectual inferiority; I believe you can look at practices in institutions right now and see vestiges of that.

It was accepted by some people who were receptive to the argument — and then by Arthur Jensen, and then back to England to Cyril Burt and others. That actually affects people's perceptions of folk, and they begin to look not at the conditions, as you indicate, that breed certain kinds of behaviors, but at the individual, and they generalize.

It's a gender, it's a race, it's a class issue. Educators and child service providers are so vulnerable to that stuff, because of the lack of access to people like this group, who actually have the vision to clearly demonstrate that that is not the case.

John W. Hagen: The Stanford Research Institute has been conducting a large-scale study for the Office of Special Education, looking at demographic data on 11 different categories that qualify students to be placed in special education. I happened to be at a meeting with the woman who was presenting the analyses on learning disabilities. What was very striking, and depressing, was that learning disabilities, as most of you probably know, is a category that was created 20-some years ago. It did not exist before that. Kids were not labeled; they were labeled retarded, and the lowest were in the institutions that Urie was talking about.

Learning disabilities was really created by white middle-class parents, and then legislators. It became a category. But now, in 1993, kids labeled learning disabled are not only way overrepresented by boys, which has always been, but now by black and poor as well. It has become a new category for the kids that the school cannot handle. And that has happened in the last decade or so on a national level within the U.S.

Edward Joyner: The sad thing about it is that Harold Dent's research in California found that 57% of the African-American males who were labeled "special ed," really special ed, really were not. You know, you have to pass a test to get out, and a lot of those kids have no interest in those tests. They are not even performing, because they have no interest at all. It has no meaning in their lives.

Comment: When Harold Stevenson was talking this morning, I kept thinking of Tobin's book on preschool and cultures and the video of that, which I show to my classes every term. They show a class of 4 year olds doing origami. And a part of me, as an American preschool teacher, says, "Oooh, yeeps, origami, that's so hard. You have to get it right." But as you watch, those kids are getting it right. They wind up making these things and they are very pleased. Afterwards they ask, "Why do you have these kids doing this origami?" What they said was, "We want them to learn that when you work at something, it pays off."

The major thing that Japanese preschool teachers think they are doing to prepare kids for school is teaching them perseverance. I think that is something we have forgotten. We need to remind ourselves that anybody can learn almost anything if they will just stick to it long enough. But we use all these other excuses: they are learning disabled; they come from a disadvantaged family; they are women; they are black. And we do not tell teachers to knock off the excuses. "Would you please just teach."

Harold Stevenson: I heard a really wonderful story in Japan — just a couple of weeks ago. A principal told me, "We Japanese like marathons." I said, "Why?" And he said, "Because in a marathon you have to run a long distance and it takes persistence. Also, another characteristic is that if you practice, you can show improvement. We don't like dashes because they are too dependent on innate ability, and you can't show very much improvement, however hard you try."

Edward Joyner: I would disagree with that. I am sure that Jesse Owens would disagree with that. And Florence Joyner and a number of other people who run dashes — and who have improved.

We are an instant society. We do not have deferred gratification — for anything. We are a microwave instant society. We are a dash society. As a kid growing up in the rural South, it taught me to defer gratification. But that pattern is problematic among young people today, across race. And Marian [Wright Edelman] made the point about the media and some of the institutions that promote this sort of thing: the technology comes, but the downside is that whole notion of instant everything. That is what our children are looking for. They are looking for the instant fix, the quick fix — even in our social reform programs. This program [Head Start] has stood the test of time, but you still have people wanting the quick fix.

Urie Bronfenbrenner: Since you mentioned Head Start, I would like to say that my own informal observations are that what you are talking about — the opportunity of a child to be doing something for any length of time — has been decreasing, because of the notion that children have such a short attention span. You have got to give them *Sesame Street*, bing-bang-bing-bang-bing-bang. Back in the early days of Head Start, the Kellogg Foundation put on one of these conferences, and I got a call. A bunch of Russian psychologists and educators were coming to Battle Creek, and I was asked to come and be the guy in the middle because I knew them — and they were in the field of education. So I got there — a day in advance. They said they had a wonderful idea — that knowing the Russians were going to do their show-and-tell, we were going to show them *Sesame Street*. I did not respond, obviously, but did say, "Well, I just have some concerns. But, sure, all right."

So they come, and we are getting the *Sesame* tapes ready. And the lights are turned out. Well, there is a very funny psychological thing when — in the dark — people forget they are speaking in their own language. And here is this conversation. They say, "This is very embarrassing. They have this thing and they're trying. . ." They are very conscious that they have to be diplomatic after this is over. So the lights come on and he [one of the Russians] begins, "First I want to express our admiration for this magnificent technological achievement." He has done the courteous thing, and then he says, "You know, we share a problem. Before the Revolution, the percentage of illiterates in Russia. . ." (I have forgotten what it was — some huge number, 70-80%) "And as you know, we have these many different cultures; and we had a question, 'How are we going to do this?' As you may know, we succeeded. There are high levels of literacy in each of the republics." He said, "We went at it this way. You know, every culture in each of the republics has these marvelous poems and these marvelous stories. Everyone loves them, and we felt, that's the way. Latch onto the stories, latch onto the poetry. And you Americans, you have Faulkner, you have Melville — why are you not using them?"

Once I was on a train going from Leningrad, and it passes a big naval base not far from the Baltic. The train gets packed full with these young 18-, 19-year-old Navy draftees. I wander back to the caboose where there is beer and stuff and begin to talk with these guys, and I say, "I'm going to Leningrad." One of these young sailors begins to recite Pushkin's *Iron Horseman*, which is a long, beautiful epic poem about the great flood that occurred in St. Petersburg. It goes on and on, and then he misses a verse. Another kid picks it up and finishes the epic. Now, these are just high school graduates. Then they say, "It's your turn; now, you'll recite." I said, low key, "What would you like?" "Bobby Burns. . . Robert Burns." I paused and said, "I'm very sorry, I cannot do more than a stanza." And then one of the young kids begins to recite Bobby Burns in Russian translation.

Now, there you have it. It does illustrate, I think, the point from your discussion this morning, that there are very profound cultural differences that have to do with belief systems — about what matters in life, what is possible, what is not possible — that shape people. It means that — and mind you, this does not in any sense deny genetic differences — every human being has a lot of genetic potentials; the question is, which ones get realized? Well, that gets determined by what happens in your daily life.

Question: Dr. Stevenson presented some very provocative data this morning about differences between the United States and Taipei and Beijing and someplace in Hungary — where the United States does not look so good. But there is a tremendous amount of variability within every one of the cultures. You were making a connection between early childhood experiences and these differences in outcome. Do you have a sense, or do your data suggest, that it is, in fact, those differences between cultures that are accounting for the spread within cultures and the success within the individual cultures?

Harold Stevenson: What you are pointing out is that the spread of schools in Asia from the best school to the worst school is quite broad, and the spread in the United States is more narrow. But that is the way the schools are organized, I think, because although the elementary schools are very egalitarian, the idea is that once you have graduated from lower or middle school, or junior high school, then you have shown whether or not you are interested in studying and want to go on to a university. So then you take an exam, and only the top scorers get into this school, and the low scorers get into vocational schools of various ranks. The schools are ranked, so that you go to the school that you qualify for.

In the U.S., though, schools are multiservice, so you have all kinds of people going to a single school. That is, we have vocational schools, general studies, and advanced studies within the same high school, which means that you will get less difference among high schools in the U.S. than in Asia. So I think it is an artifact of the organization of the schools rather than something about the cultural basis of the differences.

Edward Joyner: There may be something in addition to that. Cohen has done work suggesting that when you align what you teach with what you test, you wash out socioeconomic and cultural differences. So it may be that in places where you have a fairly rigidly defined national curriculum or you have some fairly strong notions of what the nation wants from its children — as opposed to our country, which resists that whole notion for a range of reasons — you might not get that.

I know you can find schools — high-achieving schools that are identical to the achievement levels of some of the schools that Dr. Stevenson talked about — here in the United States. Usually, if you look at the variables — at least the factors that we identify as responsible for the high-achieving school — it has a lot to do with psychosocial issues in terms of the relationship between staff and students, the level of efficacy on the part of teachers, of students, and the whole notion of whether or not you have a direct alignment between what you want the kids to know and what you are teaching and how you are teaching. But what Cohen will tell you is that this also happens within the context of a caring relationship, where the teacher believes in the efficacy of the child, and also believes in their own ability to make a difference. That goes back to what Dr. Bronfenbrenner said: is a normal curve the way human beings are? Or is it a function of work, the work ethic, persistence on a difficult task — all those things that are not purely academic, but that support academic development?

I believe that we can get those results here in this country if we begin to change our notions about teaching and testing and curriculum assessment and instruction. Also, if we can get people to understand — to reject the notion of a normal curve. We have a flawed preparation system. We do not have staff development in-service training for people once they get there. We have all this history in our country that says that certain groups are inferior, that very few of them will rise to the top. Usually it is based on race, class, and gender. We do not do a good job of educating our educators. So consequently, it is very difficult for them to educate children.

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Comment: I want to make a comment, translating this whole issue about persistence into practice (I am a curriculum developer). Teachers who are already credentialed and already trained come to me, but they do not have skills in critical thinking. People do not have skills in generalization, in creativity. I think these things go before teacher education — way back with early childhood education. At what point was it communicated that those sorts of skills are important? I think that the reason the kids cannot do anything for very long is because we are into this cookie cutter model. A good preschool is — at 10:00 you do this, then at 10:30 you do this, and at 10:45 you do this. You do not have this for too long because then they get bored with that and you have to go outside. It's all predetermined.

Edward Joyner: Again, we need to examine how we prepare teachers. Let me give you a good example, a real example that happened a few days ago. A student scored 90-something on a test, and three of the other answers were correct. The teacher marked the answers wrong because she wanted them in upper case, and the kid wrote them in lower case. Now, that is malpractice. We want to try to let people know there is such a thing as educational malpractice.

I taught the same way that it was taught to me. But somehow or other, around 23, a light went on, and I began to resist. I did not like it when I would give an answer that I thought was right, that made sense, and the teacher would say, "It's wrong because that's not what the book says or that's not what I think." So there is the whole notion of teaching as an expert versus a learner-centered classroom whereby not only are you reciting poetry, you are creating it yourself. I mean, it is great to be able to quote Robert Burns and Maya Angelou and Toni Morrison and people like that, but we should teach students to be creative. We should also teach teachers to be creative. We can rely on his wisdom, but we can also create our own wisdom based on actual experience in our own settings.

Doris R. Entwisle: I want to go back to the notion of culture for just a minute. I think it is very hard to see, actually, what is going on inside of culture. In fact, probably the things that are most important we completely take for granted. We just do not even see that they exist. One of those issues is, as I mentioned this morning, the gender gap that affects boys in elementary school. There is just an expectation they are going to fail more. And that is a very important issue.

One that I have recently stumbled upon, and mostly by accident — we took measures again of girls' gains on standardized tests in math from first grade to fourth grade. And in our usual way, we put in all the controls. Their gains over that period were mostly influenced by their satisfaction with their weight, not their actual weight. We have girls in kindergarten who are already on diets. I can remember interviewing a first grader, a very cute little boy. I said, "What's your name?" He said, "Roosevelt Adams, and I'm on a diet." That was the first thing he said. We do not realize the pervasiveness of these standards of thinness, and particularly how they are affecting youngsters at such an early age.

Urie Bronfenbrenner: I am absolutely fascinated how — here we are, all Americans — we manage to reconstruct the situation so that we end up again doing things in the American way. If I may, I am going to push this a little in relation to Head Start. I was arguing this morning that as a species we have certain limits and certain imperatives. Not everything goes. For very young children and older children or adults — there are certain kinds of conditions that, if so unstructured, become very destructive. You need some predictability; you need some structure in the situation. To hitch it on today's discussion — what the Japanese do when they say there is a time to have fun and relax, there is a time when we pay attention and we work. They say it is very difficult if there is going to be chaos in the classroom to do the kinds of things that a child wants to do, because children want to learn. Yet here we are saying we want to keep this freedom stuff, which is what we are all about. Don't fence me in. The whole American ethic — I say this particularly in relation to Head Start, where the American diseases are now creeping into the program. Kids do not get much chance to learn anything for any length of time because we keep wanting to make the situation freer; you can do anything any time.

I ask us to be open about these matters and ask ourselves, "What are the conditions under which we, with our limitations as human beings and our extraordinary abilities as human beings, flourish best?" We need a culture that allows those opportunities — a range of them.

Comment: We have learned that the most important thing is the child. The child, the needs of the child. When the woman was talking about origami, I got frightened for a moment, because there may be that one little kid who is going to be folding that paper and is really not ready for origami. A Japanese executive who was returning to Japan came to me. I had taught his three sons in first grade. I said, "Well, you must be so happy. I hope the children won't be lacking too much when you put them ahead (because the Japanese schools are approximately a year ahead of us)." He said, "Oh, I'm not putting them into a Japanese school." I said, "Well, why not?" He said, "You taught them how to question. You taught them how to ask. They will not fit into the Japanese schools." So maybe we have to weigh some of those things. Yes, Japan has magnificent scores in some things, but maybe in another way, many of our teachers here who are working so hard are doing something important.

Harold Stevenson: If you want to read a really interesting book about early childhood, read Lois Peak's new book, published by the University of California Press, called *Going to School in Japan*. What you described may have been true a long time ago, but it simply is not true now. It is a very interactive system where the whole goal is to get as many different responses from the children as possible, to get other children to evaluate those responses. Never is the goal to get the correct response; it is to get as much as you can out of the children.

If you want to see this, there are several TV programs that have been produced recently that illustrate this very vividly. One is an NHK program available through PBS in New York City. One is a video that we have made, called *The Polished Stones*, which we took in children's classrooms. So if what I say does not make sense, read Lois's book or see these videos.

Comment: I have to speak up because I am Japanese and I went through Japanese education as well as American education. It's not like that. We were allowed to ask questions. We start at the preschool level. The teachers nurture kids who ask questions; it's okay. The other thing I want to mention is that although the system is important, the process is more important. Teachers are not saying you have to do it right, "Try it, you can do it." And if you do not try it, how do you know you cannot do it? Even at this age, my mother says, "Be persistent; you're a professor, be persistent." My mother calls me from Japan saying, "Be persistent."

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Edward Joyner: What we ought to be able to understand, though, without it seeming like we are trashing the American education system, is that we have schools in America that are as good as schools anywhere in the world. The problem in America is that good practices do not get disseminated as well. Also, the problem in America is that there is so much inequity in our schools.

You go to Berkeley County, and you will see a trailer park that is posing as a school that will make you cry. It is criminal that those children have to go through that system. You can also go to some schools in Chicago and see stuff coming out of the walls that we cannot even identify — and also the most decrepit environments in terms of the community. Without a system that is based on equity, it's no wonder that we have differential performance — because it is not an equal playing field. Now, if you give those youngsters the same kinds of opportunities — I am working in a school in Brooklyn now that you are going to hear a lot about it. It is already a year-round, extended day, six-day-a-week school. When the kids came in, I think about 8% were at or above grade level in reading, and something like 16% were at or above grade level in mathematics. Now, I am not a big standardized test person, but that is something that most people would understand. After a year's time, using some methods that Dr. Stevenson mentioned — and some of the wisdom we have learned from people like Zigler and Dr. Bronfenbrenner, and Cohen – the kids have made double digit leaps in terms of their performance.

But the stuff that the test does not measure is the enthusiasm they have for learning and the respect that they have for each other. I am working with a group of three little fifth-grade boys, Jason, Kamal, and Louis. Jason was having some trouble governing himself. And I said, "Louis, it's up to you and Kamal to help Jason out." I said, "When I come back in two weeks, I want to see a difference." I come back in two weeks — I was there last week — and I asked Louis, I asked Jason's teacher, "How's he doing?" He said, "He's doing fine. He's doing self-regulation." They have stations; they use a lot of Margaret Wong's work. I don't know if you are familiar with her work on adaptive learning. He's doing fantastic! He's reading, and he was showing me all the stuff he had written and the poetry that he had written. You have to reject those stereotypes about black males. I would say, "You're familiar with Cain and Abel in the Bible. Don't play the Cain game. Look out for one another." They are doing that, and that is just as important as their performance. I know you know people who went to school with you who might have been brighter, but they were not as successful, because it takes more than just performance on a test to be successful in life. So there are some places where that is happening.

Question: I have truly been influenced by Dr. Bronfenbrenner's article on the ecology of human development, particularly appreciating the social context of family and school. I have also grown up in a time when we began to look at partnerships between teachers and parents, and I have also been reading recently the most exciting material coming out of Russia. I have coupled that with some work that Barbara Rogoff has written concerning the issue of play and cognition. All of that has brought me in a circle that asks the question: Are we really looking at a powerful piece of socialization learning called the effect of the sibling? I am interested to hear from the group and from the panel about any research that is looking particularly at that transition period of fourth grade, where there is an issue in learning that is very different at that point — or research dealing with siblings in that transition period in Head Start children.

I have read in Barbara's work that we focus on parents — parents helping children to become literate. But what you have shown in your comment recently is that children will interact with children. We also know from the literature that fantasy play does relate to metacognition. So I am curious about some of the folks who might be dealing in that area, particularly related to siblings.

Doris R. Entwisle: In our data, we have not looked very much at this, but we have found so far that youngsters who have siblings make the transition into first grade better than kids who do not. Most of the children in our study come from pretty small families, because the average size of families has gone down; the variance has greatly decreased. This is very important in terms of understanding sibling data, because most of the old studies were carried out when the variance in family size was big, and that has an enormous effect. Most of the effects were negative. But I think there are some positive effects for smaller. . .

Comment: You might want to look up Doug Flor, who is from the University of Georgia. He is doing research on Head Start kids, half of whom have an older sibling who was in Head Start and half of whom have one who was not in Head Start. He has been having them do tasks together, and he has some very interesting data.

Question: The Clinton Administration has asked those of us in government to be more sensitive to customers, in terms of cultural diversity. What should we ask our Head Start customers, how should we use the information, and who are our customers?

Urie Bronfenbrenner: Tough one, tough one. Are you speaking of Head Start administrators, or of Head Start teachers? At what level? Because the question has different answers. They are all, in a sense, our customers. I say this because I am very struck by — I will be blunt about it — the fact that the kind of training that is now happening in Head Start, or not happening, has no bearing on the very question you are asking. What happens is that the various parts of Head Start now see things quite differently. They are different cultures. The culture of the regional office is completely different from the culture of the local community, and neither one knows very much about the other. I have been around the central office of Head Start enough to know that it is even a different culture from the regional office. The very kinds of problems we are discussing here have to do with that. I would say we have to look at those principles that make Head Start different and ask, "What are implications all the way across the line?" We have to have linkages between those things, because, as I am trying to emphasize, it does not matter how wonderful everything is at all the upper levels. If it does not enter the experience of the child and the family, Head Start is a failure.

If that is the case, then we need to be especially careful about how we handle training in the sense of providing information, options, opportunities, and understanding of the four principles to the folks who are dealing directly with the families and the kids. Because that is the most important. It was much better in the early days of Head Start, in part because at that point there was no information and we had to provide it in training. Now, we do not realize that the system is breaking down. It's not that people are not doing their jobs. Everybody is highly motivated in Head Start, as far as I can see.

But it is a very practical, important question to address. If we look at this from the perspective of a bioecological model, how would we now make Head Start even better? There are a lot of very concrete things that can be done. It means building those linkages, and that means communication; it means the kinds of things we are urging at the level of Head Start, where the parents visit the center and the home visitors visit the home. There is discussion and interaction — not just the people from Washington coming in tomorrow.

I would like to conclude with one sentence, on behalf of those young Russian sailors. Yes, there are a lot of things wrong with every culture, but there are also a lot of things that are right with every culture.

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Ready to Learn: Family and School Influences on Growth of Early Literacy

Chair/Discussant: David K. Dickinson *Discussant:* Sharon Lynn Kagan

Presenters: Frederick J. Morrison, Catherine Snow, Renee Casbergue

Concerns about the inadequate levels of literacy being attained by American adults and children have focused attention on factors in early childhood that promote or impede a child's "readiness to learn" in school. This symposium focused on factors in the child, the home, and the school that shape the transition of the child during the early school years. Major themes emerging from the symposium included the large individual differences found among children at school entry, the maintenance or magnification of those differences during the early school years, the crucial role played by family environment in promoting literacy, the mitigating influences of quality child care on child outcomes, and the importance of family-school collaboration in enhancing literacy skills and school readiness. The symposium addressed several themes relevant to the conference, emphasizing a multidisciplinary systems approach to understanding child development, identifying family adaptive strategies in promoting literacy, and highlighting family and school factors facilitating normal cognitive and language development.

Two Strikes from the Start: Individual Differences in Early Literacy Skills

Frederick J. Morrison, Elizabeth McMahon Griffith, Gary L. Williamson

Recent reports in the popular and scientific literature have awakened concern about the levels of literacy and academic achievement attained by American children. Among the concerns expressed is the fear that significant numbers of young children are not coming to school "ready to learn." Major reform programs, such as America 2000, include provisions for ensuring school readiness in all children. Despite growing awareness of the "readiness" problem, little solid empirical evidence exists on the nature of individual differences in early literacy skills and on the factors that influence their development.

This presentation described the results of an ongoing longitudinal study of over 500 children, starting at kindergarten entry. The children received a battery of tests designed to assess reading and mathematical skills, cultural knowledge, receptive vocabulary, interpersonal skills, and learning-related social skills. In addition, background information on children and families was obtained, including measures of the child's IQ and preschool experience, race, sex, and parental occupation and education. Finally, a measure of the family literacy environment (composite literacy score) was derived from information on who reads to the child and how often, magazine and newspaper subscriptions, and television viewing habits.

Three major findings were highlighted. First, individual differences (e.g., in IQ, preschool experience, maternal education) predicted major, significant differences across all outcome variables (language, math, reading) at the beginning of kindergarten. Second, longitudinal data revealed that, across all outcome measures, the degree of difference between groups of children was either maintained or magnified (Matthew effects) from the beginning of kindergarten to the end of second grade. Third, family literacy environment was a major unique predictor of child literacy skills at the beginning of school. The pattern of findings to date suggests that major differences among children in levels of literacy exist at the time they enter school. These differences persist or, worse, are magnified by the end of second grade. Results point to the early literacy environment as a crucial factor in contributing to a child's school readiness and early academic success.

Home Influences on the Development of Language-Related Literacy Skills

Catherine Snow, Diane E. Beals

We know that children from less affluent households and in families with less educated parents are at risk for delayed and unsuccessful literacy development. Information about the specific interactive contexts within which high-risk children acquire the skills that are precursors to literacy, though, has been derived mostly from analyses of literacy-focused contexts, such as bookreading. Data were presented suggesting that the development of children's oral language skills is as crucial to their ultimate literacy success as is the development of print skills, and that certain kinds of social interactions at home provide opportunities for acquiring these necessary language skills.

Previous analyses have shown that both (1) the amount of narrative and explanatory talk 3- to 4-year-old children are exposed to during dinner-table conversations and (2) the amount of nonimmediate content their mothers introduce during bookreading predict a variety of oral language measures at age 5 (e.g., PPVT, mentioning the crucial information in a picture description, story comprehension); correlations range from .40 to .60. In turn, these oral language measures at age 5 predict reading outcomes (Wide Range Achievement Test) at the end of first grade almost as well as do print skills at age 5. Thus, as early as Grade 1, successful reading can be seen to involve the integration of certain kinds of language skills with skills in print and phonics.

It was hypothesized that two crucial factors in the home environment, independent of the specific discourse contexts within which they emerge, facilitate the development of children's ability to produce and understand complex oral language forms. These two factors are opportunities for children to engage in extended topic-centered discourse events and opportunities for exposure to sophisticated vocabulary. Data were presented on the access of 75 children living in low-income, low-education families to these two facilitative factors in the context of a variety of adult-child interactions, including playing with toys, looking at a book, having a meal, and recounting a story. Engagement in extended discourse events was operationalized as the percentage of talk that occurs in the context of topic-extending sequences, such as a scene enactment during toy-play, a problem presentation during bookreading, or a narrative during mealtime. Exposure to sophisticated vocabulary was assessed using automatized procedures for finding in each transcript all the words used that fall outside the regular inflected forms of the 3,000 most common stems in English (and further deleting family-specific or child-idiosyncratic words). Preliminary results suggest that these assessments of the home language environment of the preschool-aged child explain more of the variance in first grade reading outcomes than does the home literacy environment; furthermore, homes with high literacy-environment scores typically also provide richer language environments (e.g., home literacy scores correlated .68 to percent nonimmediate talk during bookreading).

Education and the Schools

Parent-Child Interaction in a Letter-Writing Context *Renee Casbergue, M. Susan Burns, Janet Rice*

This study investigated the interactions of 26 parents and their 3- to 5-year-old children as they collaborated to write a letter to someone during a 10-minute videotaped session. The families were of middle income and predominantly of European descent. Observations of these sessions were coded using categories designed to indicate (1) the manner of the exchange of information; (2) the types of information that parents and children exchanged during the writing; and (3) the nature of the children's written input into the resulting letter product. Regression analyses were used to examine how parents' level of control was associated with (1) the nature of the children's communicative input into the literacy exchange; (2) the type of information about writing upon which the interchange was focused; and (3) the nature of each child's written input into their letter product.

Parents exhibiting higher levels of control tended to have children who exhibited higher levels of response and recognition that they heard their parents, had exchanges that focused on spelling, and had written products that were conventional in nature. Parents demonstrating lower levels of control tended to have children who exhibited higher levels of initiations and verbal input, had exchanges focused on the content of the letter, and had written products that were emergent in nature. These results were examined in terms of the parents' perception of the experimental task and the amount of instructional support needed to complete the task.

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Birth through Three: Critical Influences on Development

Chair: Sharon L. Ramey *Discussant:* Bettye M. Caldwell
Presenters: Craig T. Ramey, Kathleen G. Nelson, Sharon L. Ramey

The longstanding debate about the importance of early experience in shaping young children's intellectual and social-emotional competence as well as their later health status was addressed in the presentations. The first presentation, by Craig Ramey, focused on the accumulating evidence about the efficacy of high-quality, intensive early childhood educational and family support interventions. Kathleen Nelson, in the second presentation, provided a national perspective on the status of infant and young children's physical health in terms of immunizations, receipt of well-child care, disabilities, injuries, and risk for abuse and neglect. In the third presentation, Sharon Ramey discussed the environment from the child's perspective, including both prenatal and postnatal influences. In the discussion, Bettye Caldwell provided a rich history of the inquiry about young children's development and the importance of home and school environments in supporting positive development. Basic principles about how children best learn were presented, and the implications of the findings for Head Start programs — particularly the value of initiating Head Start-like programs prior to the age of 4 — were discussed.

Family support and preventive interventions include a broad array of strategies to help high-risk and poverty families better meet the multiple needs of infants and young children in the first 3 years of life. An integrative conceptual framework for viewing early interventions and two-generation programs was presented. This framework emphasizes the importance of the child's transactions with the careproviding environment, yet also recognizes that cultural and community influences, as well as biological and intergenerational influences (as reflected, i.e., in the child's birthweight, gestational age at birth, indicators of functional central nervous system status), impinge upon the family, the parent, and the child. Effective two-generation programs and other supportive interventions, such as high-quality Head Start programs, may contribute to long-term positive outcomes by changing both the child and the caregivers and helping them to acquire and express increased competencies that serve to reduce the negative effects of outside stressors and inadequate resources. New findings from three longitudinal studies were presented. The Abecedarian Study and Project CARE, both in North Carolina, now have follow-up data on more than 200 children and their families followed from birth through adolescence. Each of these studies involved parent education, home visits and family supports, high-quality pediatric care, and the provision of a high-quality early childhood education program at a special center (8 hours per day, 5 days per week, 50 weeks per year, usually starting by 12 weeks of age and continuing at least until the children entered public school). In both studies, the children randomly assigned to receive this supportive program showed significant gains in multiple areas of their development, including improved scores on standardized tests of intelligence, improved school achievement scores, lower rates of retention in grade, and improved ratings on several behavioral and social scales.

An important feature of these two studies is that the comparison group of children also received additional pediatric care, social support and referral services for identified problems, and nutritional supplements in the first year of life. Thus, the findings from these controlled longitudinal studies provide further affirmation that long-term benefits — at least through 13 years of age — can be attributed to the early provision of systematic and intensive educational supports.

Embedded within the two North Carolina studies was a second study that sought to measure the potential benefits of a school-based supplement to the preschool intervention. Unfortunately, the effects associated with this additional program were of small or negligible benefit. Similarly, Project CARE conducted a separate study of the value of providing an intensive home visitation program to support mothers and primary caregivers. The results indicated that this home visitation program, which included the same elements of the preschool educational curriculum, was not sufficient to produce measurable positive effects on children's school-related social and academic competencies. The possible reasons for this were discussed, including the fact that this sample was a very high-risk group (not representative of poverty families in general, but rather reflecting multiproblem and extremely low-resource families) and that perhaps more frequent visits were needed (since families were visited only once per week in the first 3 years of life and then twice per month until age 8). These findings about the lack of benefits from a home-based program were especially disappointing, because the participants reported enjoying and liking the program, and more than 90% continued to participate throughout the entire study.

A more recent large-scale study, known as the Infant Health and Development Program, focused on providing family and child services in the first 3 years of life to children who were low-birthweight (less than 2,500 grams) and premature (less than 37 weeks). A multi-site, randomized controlled trial was conducted involving 985 infants in Boston, Massachusetts; Dallas, Texas; Little Rock, Arkansas; Seattle, Washington; Bronx, New York; Miami, Florida; Philadelphia, Pennsylvania; and New Haven, Connecticut. This program demonstrated a major benefit to these high-risk children by 3 years of age — as reflected in improvements in their cognitive development, decreased behavioral and emotional problems, and lower rates of mental retardation. More recent analyses, however, have revealed some interesting differences regarding who benefits the most from such interventions. Specifically, children whose families participated more actively had markedly greater benefits in all outcomes. This finding was impressive because, unlike other programs, there were no significant differences in participation associated with family factors of income, education, ethnicity, parental intelligence, or child status at birth. Further, it was found that maternal intelligence, as estimated by a measure of receptive language ability, was the most highly predictive variable of children's intelligence at age three. Just as important, the children whose mothers were functioning in the mentally retarded range benefited as much, or sometimes more, from the educational intervention program than did children whose mothers were functioning at a much higher level.

Poverty has a strong association with children's health status and with the consistency and quality of health support services they receive. In the first 3 years of life, there are four important areas of concern: (1) immunizations; (2) prevention of abuse and neglect; (3) safety of the child at home, at play, at day care, and in automobiles; and (4) provision of well-child health care so that problems may be detected and treated early (especially common childhood illnesses such as *otitis media*) to prevent long-term disability. Increasingly, environmental risks such as exposure to lead and secondary effects of smoke on children's respiratory illnesses are being documented, and these affect children of poverty to a greater extent than children from more economically advantaged environments. Strategies to increase parental knowledge about children's early development and their health needs are vital to the well-being of our nation's next generation. At the same time, the obstacles to receiving health care (such as lack of transportation and lack of continuity in health care providers) must be overcome.

Even prior to birth, the environment plays a vital role in young children's development. Increasingly, teratogens such as alcohol, nicotine, and crack/cocaine are disrupting normal growth and development. Similarly, inadequate maternal weight gain during pregnancy, maternal stress, and maternal smoking contribute to increased low birthweight, and this is especially pronounced among poor women and women who are African-American. More important, many of the factors contributing to inadequate prenatal care and high-risk lifestyles during pregnancy also influence the quality of a child's postnatal environment. In the presentation, six critical daily ingredients in children's everyday environments were discussed. The critical ingredients represent transactions between the child and the caregiving environment and are considered to be essential to the development of normal intelligence. These essential transactional experiences include: (1) encouragement of exploration and information seeking; (2) mentoring of basic skills (that is, teaching within the context of a loving, supportive relationship); (3) celebration of developmental accomplishments and the acquisition of basic skill; (4) review and rehearsal of new skills and accomplishments; (5) avoidance of unnecessary teasing, punishment, or restriction for behavior that is developmentally normative (that is, understanding the reasons for children's transgressions and having the caregiver response match the child's developmental level); and (6) providing a rich language environment that is developmentally appropriate for and responsive to the child's receptive and expressive language skills.

Bettye Caldwell provided a valuable summarization of the presentations by placing them in an historical and policy-relevant perspective. The positive news is that almost all of what is being learned from careful scientific inquiry from longitudinal studies is consistent with earlier findings and clinical impressions. Regardless of the challenges a family may face, their children can benefit significantly from external supports and high-quality educational programs. Although the words may change about what children need, the importance of consistency, warmth, and adult-mediated learning opportunities for infants and toddlers has been recognized for more than three decades. The first years of life are not ones when children's intellectual or emotional needs are less; rather, learning begins in infancy and sets the stage for a child's receptivity and preparation for subsequent learning. To have a real "head start" in life, children from high-risk or multiproblem environments need to have direct services begin as early as possible. Waiting until delays or deficits are detected is not in the best interest of children, families, communities, or our society at large.

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Predicting Children's Persistence and Confidence in Novel or Challenging Situations: A Workshop on New Computer Games

Presenters and Authors: Mary Anne Chalkley, Robert K. Leik, Gail S. Duane, Stephanie Alt

One plausible explanation for potential long-term benefits for children who participate in Head Start programs is that they come to believe in their abilities to tackle and master the challenges that they confront in school. It was hypothesized that one of the essential ingredients in the success experienced by Head Start children is that they learn to persist when confronted with challenging tasks. They are also likely to become willing to select relatively difficult tasks when given the opportunity to do so. This workshop demonstrated computer games designed to assess children's exploration, persistence, and willingness to accept challenge.

These games have been used as part of a larger follow-up assessment of two cohorts of former Head Start and control families and their children. Children were approximately 7 or 10 years of age. To date, sixty 7 year olds (39 Head Start; 21 control) and seventy 10 year olds (56 Head Start; 14 control) and their families have participated in the follow-up. Mothers complete an extensive self-report inventory that includes self-esteem, locus-of-control, perception of child, and various family measures. Seven year olds complete an adapted perceived competence/acceptance measure and a depression inventory, and they play the computer games on a color laptop computer. Ten year olds complete the age-appropriate versions of these items, as well as a measure of locus-of-control.

Three computer games are involved in the assessment, and children are given opportunities to select and play the games repeatedly after initial instruction. There is a maze game that involves three levels of difficulty and is designed to challenge children's memories because they see only a portion of the maze while moving through it. Both the time spent on the mazes and the willingness to return to a given maze to improve one's time are used as measures of the child's persistence. The choice of level of difficulty of the maze reflects the children's willingness to challenge themselves. A second game is based on a probability task originally designed by Weir and successfully adapted by Zigler and his colleagues to reflect a child's curiosity and task persistence. The third game involves trying to capture numbers or flowers as they drift down the screen. This game incorporates numerous opportunities for challenge and persistence (e.g., the child can select the number of targets, the type of target, the speed of the falling items, etc.).

The presentation demonstrated the games and the type of data retrieved and discussed some of the relationships between the child's game-playing and other factors. Particular attention was given to the connection between earlier measures of the child's perceived acceptance/competence and the mother's earlier perceptions of the child, since in the earlier work these variables were shown to increase as a function of Head Start intervention.

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Performance Assessment with the Work Sampling System

Presenters: Samuel J. Meisels, Judy Jablon, Donna DiPrima Bickel, Austine Fowler

The Work Sampling System is a performance assessment system for children in preschool through third grade. It consists of a multimethod approach to assessment that relies on teacher observations of children's classroom activities through the use of three interrelated components: developmental checklists, portfolios, and summary reports. These components are completed three times during the course of the year and, taken together, depict the continuous progress of individual children.

This presentation demonstrated how the Work Sampling System can be used as a source of data about young children's progress in school. As a curriculum-embedded assessment, rather than an on-demand series of test-like situations, Work Sampling evaluates students' actual work and accomplishments. Moreover, Work Sampling meets criteria that are expected of performance assessments. It is *integrative;* emphasizes *top-level* competence; encourages *meta-cognition* and the capacity to articulate performance; is situated in the context of learning; and is guided by *developmental* standards. Teacher observation and judgment are the basis of these assessments. The presentation focused on these criteria, presented data on a study that has been completed with 100 children concerning the reliability and validity of the Work Sampling System, described training procedures, and discussed uses of this approach in other contexts — particularly longitudinal studies of children's growth.

In short, the presentation showed how all three of the Work Sampling components — checklists, portfolios, and summary reports — are essential for achieving two goals: (1) using assessment for improving instruction and (2) using performance assessment for documenting what children are learning in school. Critical to both goals is an appreciation of the systematic relationship among the Work Sampling components. Without checklists, teachers cannot keep track of children's progress towards widely accepted curriculum goals. Without portfolios, qualitative differences between children's work are obscured, and children's ability to take an active role in evaluating their own work is impaired. Without summary reports, easily summarizable data for parents, teachers, and school administrators are unavailable. Together they constitute a dynamic, authentic performance system, in which each element informs every other component, and each participant is able to obtain useful and easily interpretable data so that instruction can be improved and learning enhanced.

Child and Family Health

Primary Comprehensive Health Care for Children in Poverty

Chair: John M. Pascoe *Discussant:* Lolita McDavid
Presenters: William G. Bithoney, Sharon L. Ahart, Judith S. Palfrey

As is well known, children living in poverty have marked increases in both mortality and morbidity. Furthermore, underserved children are at high risk for developmental disorders that have their basis in health problems. For example, the U.S. Centers for Disease Control estimates that approximately 3 million children have lead levels greater than 15 ug/dl. This level is fully 50% higher than that level considered to be lead poisoned (10 ug/dl). Also, recent estimates suggested that more than 1 million children are chronically malnourished, and that approximately 3 million children per annum suffer from child abuse. Needless to say, such depredation results in poor performance of these children in terms of their cognitive abilities.

This symposium explored the manner in which primary care medical providers insure comprehensive care for children in poverty. The medical ecology of illness in poor children was also examined. Finally, health care for disabled children living in poverty was discussed.

Pediatric Primary Care: Serving the Underserved *William G. Bithoney*

Currently in the United States, 23% of all children under age 6 years live below the federal poverty level, which is defined as "that level of income which is demonstrably inadequate to provide for the basic necessities of life, including food, clothing, and shelter." Not surprisingly, associated with this increase in poverty is limitation of access to health care, an increase in mortality, and an increase in morbidity. Chronic multigenerational poverty results in poor health through inadequate preventive health care and vaccinations, homelessness, malnutrition, lead poisoning, child abuse, substance abuse, and violence. Furthermore, other "purely" medical illnesses of all types are routinely more prevalent in poor children. For example, African-American children have a 300% increase in mortality from asthma compared to white children. The mechanism for this increase is not clear, but it may have to do importantly with inadequate access to preventive care, medication, and poor compliance with therapeutic medical regimes.

Head Start providers can play a crucial role in promoting access to health care and in counseling parents about health issues of great concern to them and their children. The purpose of this presentation was to briefly examine some of the most important health issues related to the comprehensive care of children in poverty. To this end, aspects of the following health issues were discussed: lead poisoning, homelessness, child abuse, substance abuse, childhood malnutrition, and HIV infection. The significance of standardized immunizations that children require was discussed. The relevance of these topics to Head Start providers was emphasized.

Pediatric Health Care: A Multisystemic Approach *Sharon L. Ahart, Marie Serratto, Howard B. Levy, John Markovic*

As a revision of the health care system becomes an increasingly salient political issue, and debates over its proper structure and implementation continue, we must maintain a broad and pragmatic focus on the problem. What sounds good in theory does not always work in practice. Presumptions that equate access and utilization fail to recognize that some persons may remain uneducated about basic health care issues or logistics of health care access. Others may view bureaucratic impediments too troublesome or simply may be unmotivated in maintaining their own health care status and that of their dependents. It is probably these marginal cases that pose the greatest challenge to the nation's health care system, both in its current and proposed states. An understanding of how these marginal parties fare under the current health care system is vital to any informed plan for revision.

Although arguments may ensue about ease of access and quality of care, Medicaid recipients could be considered as having *de facto* (in the legal sense) access to health care. It has been observed, however, that children of caretakers receiving Medicaid benefits often do not procure necessary care. A sample of 5,000 environmentally disadvantaged children, predominately a Medicaid population, whose health care status could be described as generally deficient, was assessed. Health care access was examined through two indices, immunization status and existence of a primary health care provider for the child.

After preliminary analyses, caretakers appeared to be variably invested in their children's health care. Many children had received scant medical attention, yet other caretakers had proved to be attentive and responsive to their child's health needs, despite severe family dysfunctions. As a group, there was improvement in accessing health care under compulsory conditions, i.e., school-age immunizations, but there were disturbing rates of discovery for previously unattended medical problems and substantive medical neglect.

This presentation further explicated these lines of statistical inquiry and addressed how physicians can encourage improved standards of child health care among the often disenfranchised and marginal caretakers. As this study group represented a challenge to the current public health care system, it is hoped that these efforts have some bearing on the implementation of meaningful health care, addressing the compound issue of access *and* utilization.

Attending to the Needs of Children with Developmental and Behavioral Concerns *Judith S. Palfrey*

The initial Head Start planning committee set seven goals that covered (1) improving the child's physical health and physical abilities; (2) helping the emotional and social development of the child by encouraging self confidence, spontaneity, curiosity, and self-discipline; (3) improving the child's mental processes and skills, with particular attention to conceptual and verbal skills; (4) establishing patterns and expectations of success for the child that would create a climate of confidence for future learning efforts; (5) increasing the child's capacity to relate positively to family members and others, while at the same time strengthening the family's ability to relate positively to the child and to his or her problems; (6) developing in the child and his or her family a responsible attitude towards society and encouraging society to work for the poor in solving their problems; and (7) increasing the sense of dignity and self-worth within the child and his or her family.

Primary health care providers working in collaboration with Head Start programs can help meet these goals by addressing their attention to active participation in both early identification and early intervention of conditions that predispose children to having developmental and behavioral problems.

Families in poverty often are so overwhelmed by the social and environmental strains of day-to-day life that they are not able to pick up on subtle indications of developmental delay. Moreover, even if they see problems emerging in their children, they may not know where to turn. In this presentation, data on early identification of developmental disabilities were reviewed, with an analysis of the impact of family socioeconomic status on the timing of the recognition of those delays. Suggestions were made for ways in which Head Start providers and primary care physicians can work together to improve the early recognition of developmental and behavioral concerns in young children.

Information was presented on the most common biologic factors that influence children's developmental outcomes: perinatal complications, poor nutrition, drug and alcohol exposure, lead poisoning, and recurrent *otitis media.* The presentation also examined the developmental consequences of several common disabling conditions, including Down syndrome, cerebral palsy, and myelomeningocele, as well as what is being learned about the long-term developmental consequences of HIV disease.

The comprehensive assessment and care of children of the preschool age range should include an assessment of the children's abilities in the following areas: orientation, gross motor ability, fine motor ability, visual fine motor integration, expressive language, receptive language, and attention and activity level. Each of these areas were discussed and made relevant to the Head Start experience.

As increasing numbers of children have the opportunity to enjoy the benefits of Head Start, there are major new opportunities for the health and early childhood communities to work together toward the original Head Start goals. Specifically addressing the conditions that stand as barriers to childhood health and development can go a long way toward helping improve the conditions for families and children.

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Head Start and Non-Head Start Families: Demographics and Health

Chair: Sandra L. Hofferth *Discussants:* Anne Stewart, Sheppard G. Kellam
Presenters: Sandra L. Hofferth, Dennis DeLoria, Suzanne Thouvenelle,
Chaya S. Piotrkowski, Raymond C. Collins

This symposium addressed the ecology of Head Start families as well as child and family physical and mental health. It benefited from recent nationally representative research efforts looking at the families of Head Start children. First, it examined the family and community environments of Head Start children. How do they differ from those of non-Head Start children? Second, it examined the effects of Head Start on the physical health of the family. How does Head Start affect the health of children? Other family members?

Information about current or previous Head Start participation was collected in two large nationally representative surveys: the National Child Care Survey 1990 (NCCS) and the Child Health Supplement to the Health Interview Survey (HIS). For the first time, these data permit researchers to examine the characteristics of families enrolled in Head Start Programs and compare them with the characteristics of eligible families not enrolled in Head Start. The following questions were addressed: Are those not currently enrolled different? Do they have different needs? Can the effectiveness of Head Start be maintained with these new populations? How will participation in other types *of programs be affected? Differences between Head Start families and eligible but nonparticipating families become more important in planning for Head Start to cover a larger proportion of eligible families.*

Who Enrolls in Head Start? A Demographic Analysis of Head Start-Eligible Children *Sandra L. Hofferth*

This presentation described who was and who was not served by Head Start in 1990 and drew implications for program expansion. It first examined how characteristics of the child, the family, and the community affect the enrollment of poor 3- to 5-year-old children in Head Start. Second, it examined the types of programs and child care arrangements in which Head Start and non-Head Start children were enrolled in 1990. Third, it examined how family and community characteristics affect Head Start parents' use of multiple arrangements. Fourth, it examined the types of supplementary and wrap-around arrangements Head Start and non-Head Start children used.

The sample consisted of 212 children, ages 3 to 5, living with their mothers, not enrolled in school, and whose families were poor or on AFDC; it was taken from the National Child Care Survey 1990. Results suggested that family structure was important; two-parent families with no earners were the most likely to be enrolled. In contrast to what was expected, there was little difference by the employment status of the mother per se; however, having a mother in training was associated with greater enrollment. Black children were more likely to be enrolled than were children from other race or ethnic groups. Only about one quarter of non-Head Start children were enrolled in a center-based program, and only about half of these were in programs offering comprehensive services. The majority were in parent or relative care. Consequently, there is substantial room to expand without pulling children out of existing high-quality programs.

Who Does Head Start Serve? A National Demographic Overview of Families in Head Start from 1976 to 1988 *Dennis DeLoria, Suzanne Thouvenelle*

The National Head Start program successfully recruits children and families who are in exceptional need of the services Head Start provides. A high proportion of these families have experienced serious problems before the birth of their future Head Start child. Problems include broken family structure, unemployment and its resulting poverty, and low parent education. The children and families are eligible for enrollment in Head Start primarily because of their low annual income, but the data reported here show once again that "low income" implies a syndrome of profound and lasting family problems. The families recruited for enrollment in Head Start contrast sharply with the overall U.S. population in many disturbing ways.

The findings reported here were based on data collected through parent interviews as part of a survey conducted in 1988 by the National Center for Health Statistics, U.S. Public Health Service, DHHS. The design and scale of the survey permit accurate descriptive projections to the overall U.S. population for both Head Start (HS) and non-Head Start (NHS) families. These are the first data in the history of Head Start that permit accurate national projections.

Compared to the rest of the U.S. population, Head Start children are more likely to be poor, to come from broken homes, and to have poorly educated parents who are less likely to be employed. The differences are enormous: Head Start children are three times as likely to live in families with incomes below the poverty level (HS 39.8%, NHS 12.4%); Head Start children are half as likely to live in families earning over $20,000 (HS 34.9%, NHS 71.2%); Head Start children are half as likely to live in households with both biological parents present (HS 34.1%, NHS 61.5%); Head Start children are twice as likely to live with their biological mothers only (HS 52.9%, NHS 28.1%); Head Start children are more likely to live in households where neither of their biological parents are present (HS 10.0%, NHS 6.5%); Head Start children are four times as likely to have biological mothers and fathers who were never married (HS 29.3%, NHS 7.3%); Head Start children are twice as likely to live in one-parent households (HS 42.0%, NHS 20.7%); Head Start children are three times as likely to have never lived with their biological father for as long as 4 months (HS 25.7%, NHS 8.0%); Head Start children are twice as likely not to know if their biological father is alive (HS 33.9%, NHS 15.3%); Head Start children are twice as likely to have parents with less than a high school degree (HS 27.3%, NHS 11.7%); Head Start children are half as likely to have parents with college or training beyond high school (HS 25.1%, NHS 51.4%); Head Start children are three times more likely to live in households where no adult is currently employed (HS 28.6%, NHS 9.4%); Head Start children are less likely to live in families where two adults are employed (HS 30.0%, NHS 49.2%).

Head Start Health Services: Promise and Performance *Edward Zigler, Chaya S. Piotrkowski, Raymond C. Collins*

It is a misconception that Head Start has become concerned with children's health only in recent years. In fact, health services — including nutrition and mental health — have always been an integral part of Head Start's comprehensive services strategy. The original planning committee for Head Start, which was headed by a pediatrician, put "improving the child's physical health" first in a list of seven program objectives. The Head Start Program Performance Standards, first published as regulations in 1975, include detailed requirements regarding health services. These standards are comprehensive, operationally specific, and enforceable. The objectives of the health services component of Head Start include a comprehensive health services program that includes providing services for disabled children; promoting preventive health services and early intervention; and linking the child's family to an ongoing health care system to insure comprehensive services after he or she leaves Head Start. In addition to these regulatory provisions, Migrant Head Start services children from birth to age 6, as do the Comprehensive Child Development Program demonstrations.

The vast majority of programs appear to comply with the Program Performance Standards with regard to required health services. Most Head Start children are brought up to date on their immunizations and participate in comprehensive health screenings; 8 or more out of 10 complete the needed medical and dental treatments, according to data collected during the 1991-92 Head Start program year. Available data also indicate that Head Start children receive more and better preventive health services and treatment than do low-income children not in Head Start. Head Start children are more likely to receive medical examinations and screenings (lead, hematocrit, tuberculin, blood pressure, hearing, and vision); dental exams and services; speech, language, and developmental assessments; and better nutrition and treatment for pediatric health problems.

Head Start has an excellent record overall in helping to deliver health services to economically disadvantaged children. Nonetheless, improvements can be made in recordkeeping and monitoring; the provision of comprehensive, integrated, and continuous health services; technical assistance to better use available funding sources; the provision of state-of-the art mental health services; and the expansion of services within the community.

Child and Family Health

The proposed expansion of Head Start provides a unique opportunity to build on a more than 27-year history to further improve health services for children. Head Start has immense potential to provide a comprehensive, integrated health services delivery system for young children living in poverty. To do so requires that health services be supported at the federal, regional, and local levels. In the authors' view, this requires a full-time director of health within the Head Start Bureau, with additional qualified staff in the areas of nutrition, mental health, disabilities, and health promotion; a qualified health coordinator in each Head Start Region (full-time coordinators in Head Start centers serving 100 or more children); and a qualified nurse or health assistant for each Head Start program.

Family-Focused Head Start Health Services: Yesterday, Today, and Tomorrow

Raymond C. Collins

From its inception, Head Start has had a parallel emphasis on the family and on the delivery of comprehensive health services. The issue addressed in this presentation was the extent to which these dual foci have come together as a framework for a family-focused Head Start health strategy in line with emerging concepts of a two-generation program strategy. A two-generation program is one that focuses simultaneously and in a holistic way on program outcomes for children and families.

This presentation analyzed the available research evidence concerning past and present Head Start health services delivery to assess the scope and quality of services for children, parents, and other family members. It also proposed recommendations for the future of Head Start health services and research issues for future inquiry.

Highlights of several recent analyses of Head Start health services include (1) a recent review of Head Start program management and research evidence concerning the delivery of medical, dental, and nutritional services and related child outcomes; (2) interim findings from a study of Head Start mental health services; and (3) findings of the Head Start Infant/Toddler Study.

Head Start has proven highly effective in its delivery of medical, dental, and nutrition services for children. Evidence concerning the effectiveness of mental health services is less clear-cut. While most Head Start programs target only limited health services on parents or other family members, those Head Start programs that provide services to infants and toddlers do provide extensive health services to family members, particularly mothers, while providing comprehensive health services to children under age 3. No data are available concerning services initiated in response to new legislative authorization for Head Start to arrange health services for younger siblings.

In developing Head Start's future program strategy, closer linkages across components should be forged in order to implement a family-focused health strategy. In particular, collaboration between health services and social services can be strengthened. Head Start demonstration programs dealing with substance abuse, employability, adult education, family literacy, and other issues confronting families dealing with multiple stresses provide examples of the types of program linkages within Head Start that involve partnerships with other community agencies and can evolve to respond more holistically to family needs.

In Head Start's research, priority should be given to health services, including outcomes for Head Start children, parents, and other family members, particularly younger siblings.

Integrated Approaches to Early Intervention

The Role of the Grandmother in Ethnically Diverse Multigenerational Families: Implications for Policy and Practice

Chair: Jeanne Brooks-Gunn *Discussants:* P. Lindsay Chase-Lansdale,
Cynthia Garcia Coll

Presenters: Lauren S. Wakschlag, Nancy Apfel, Gail Wasserman, Linda M. Burton

Young multigenerational families are formed when daughters of young single mothers become young mothers themselves. Such families are highly likely to be impoverished. Although our society has forged policies to "break the cycle of poverty" in families, such policies have not been shaped by knowledge of multigenerational families. A major reason is that little is understood about these families — their normative functioning, how they promote their children's healthy development, and how ethnic and cultural contexts influence family process and structure.

This symposium addressed these issues in four separate studies, focusing primarily on African-American and Hispanic multigenerational families. Special emphasis was placed on the grandmother, a key family member: her own life cycle and development, variations in coresidence and shared caregiving with young mothers, and how the quality of the grandmother-mother relationship affects the quality of care provided to the child.

The symposium was multidisciplinary and included clinical and developmental psychologists, an educator, a service provider, and a sociologist. The integrative chair and the discussants, experts in research on families, public policy, and programs for children, linked knowledge about these families to recommendations regarding ecologically appropriate services designed to support multigenerational families in promoting their children's healthy development.

Multigenerational Family Processes: Their Influence on Parenting in African-American Young Mother Families

Lauren S. Wakschlag, P. Lindsay Chase-Lansdale, Jeanne Brooks-Gunn

The influence of the mother-grandmother relationship on young mothers' (mean age-at-first-birth = 18) and grandmothers' parenting of the mothers' 3 year olds was examined. One hundred three families participated in this home-based study. It was predicted that the quality of the mother-grandmother interaction would be systematically related to the quality of parenting provided to the children. Relationship factors were also hypothesized to influence parenting differently, depending on mother's age and coresidence status. This multigenerational perspective extends earlier work by studying (1) African-American young mothers' parenting in its sociocultural and developmental context and (2) family influences on grandmothers' parenting.

Mother-grandmother interaction was assessed in a structured disagreement task using the Scale of Intergenerational Relationship Quality (SIRQ), yielding four factors: Emotional Closeness, Positive Affect, Grandmother Affirmative Parenting Style, and Mother Autonomy. Quality of parenting was assessed independently.

Regression analyses, controlling for socioeconomic background variables, were conducted to test the effects of SIRQ factors on mothers' and grandmothers' parenting. Relationship factors were more strongly predictive for mothers than for grandmothers. Mother Autonomy was highly predictive of mothers' parenting outcomes, independent of age, education, and receptive language abilities. Mothers who interacted with their own mothers in a mature and flexible fashion were more likely to be facilitative, supportive, affectively positive, and have more balanced disciplinary styles with their children. Although SIRQ factors did not consistently influence grandmothers' parenting, coresidence had a strong negative influence.

A three-way interaction of Mother Autonomy *x* age-at-first-birth *x* coresidence was a significant predictor of mothers' parenting. For non-coresiding mothers, younger mothers who were highly autonomous in interaction with the grandmothers were strikingly better at parenting. In contrast, for coresiding families, the strong positive effects of autonomy on parenting were seen primarily with older mothers. It appears that the protective function of maternal autonomy is highest when the social ecology of parenting is one in which natural supports are less available, and in the context of reduced opportunities for regular feedback for younger mothers and the strain of prolonged coresidence for older mothers.

A two-way interaction of Emotional Closeness *x* mother's age-at-first-birth was a significant predictor of grandmothers' parenting. Closeness between grandmothers and daughters had negative effects on grandmother parenting for the grandmothers of younger daughters and positive effects on the grandmothers whose daughters were older. Perhaps grandmothers who are close to their younger daughters feel overburdened due to the greater needs for support that these mothers have.

Study findings underscore the importance of a perspective that goes beyond the mother-child dyad to the broader family context: its structure, intersecting life timetables of its members, and the quality of relationships within it. We have demonstrated that young motherhood is a phenomenon that reverberates throughout the family system, and that this family system, in turn, impacts significantly on the quality of parenting. This is a fruitful path of inquiry for delineating family processes associated with healthy adaptation for young children living in poverty and for designing multigenerational interventions.

African-American Grandmothers, Adolescent Mothers, and Their Firstborns: Their Relationship during the First Six Years

Nancy Apfel, Victoria Seitz

When an adolescent becomes a mother, her own mother makes a premature life transition to grandparenthood. Although researchers have found that grandparents have measurable effects on their grandchildren's environment, little research exists on processes by which these effects happen. Some of these process questions, which examine the roles African-American grandmothers play in the lives of their adolescent daughters parenting their firstborns through the preschool years, were addressed.

At 18 months postpartum, 119 African-American urban adolescents who were less than 19 years old when they delivered their firstborns were interviewed. This group represented 76% of the total population of New Haven African-American first-time mothers younger than 19 who gave birth between March 1, 1979 and February 29, 1980. Their average age was 16.8 years, ranging from 13 to 18 years old. Ninety-five percent of the adolescents had their mother or a surrogate mother involved in their lives.

In follow-up interviews at 6 and 12 years postpartum, 117 (98%) of these young mothers were questioned about daily routines, division of child care, support, and household composition. The grandmothers or surrogates were similarly interviewed at 18 months postpartum. Maternal and pediatric medical records from birth to 12 years postpartum were reviewed. This presentation included results to 6 years postpartum.

When the babies were 18 months old, four models of adaptation to adolescent motherhood were discovered. In the most prevalent model, Parental Supplement, childrearing was shared between the young mother and her mother, and sometimes other relatives. In the next most common model, Supported Primary Parent, the young mother did the majority of the child care with some grandmother support. A small group of grandmothers (about 10%) treated their daughters as apprentice parents, attempting to educate them without supplanting them. In about 10% of the families, the young mother was totally replaced as primary caregiver. A few young mothers (5%) had no adult female support.

By 6 years postpartum the profile of adaptation changed dramatically. The Supported Primary Parent model, in which minimal child care support was given, had become the most prevalent (about 50%). What was surprising was the proportion still relying on the grandmother for significant parenting assistance. Almost one third could be categorized in the model of the Parental Supplement model. The Parental Apprentice model, inappropriate for a mother with a 6 year old, had faded away. The percentage of young mothers who had been replaced in the parental role had increased form 10% to 16%.

Findings on patterns of change between early classifications and later ones were presented. For example, most Apprentice mothers were parenting their children with minimal support by 6 years postpartum, and none of this group had been replaced in the parenting role. At the other end the continuum, many young mothers who were not parenting their children at 18 months postpartum later became significantly involved in parenting their child. Therefore, early replacement in the maternal role did not necessarily lead to permanent replacement, although it was a considerable risk factor.

Family Type and Prediction of Child Developmental/Behavioral Outcome

Gail Wasserman, Virginia A. Rauh

In order to identify early sociocultural predictors of child developmental and behavioral problems, 131 low-income African-American and Hispanic mothers and children from birth through age 2 years were followed. At yearly home and laboratory visits, mother's childbearing attitudes, depressive symptoms, the sources and types of her social support, HOME environment, and child developmental (MDI) and behavioral (CBCL-2/3) functioning were measured.

Path analysis showed that, generally, at 2 years, behavior problems are determined by mother's depressive symptoms and power-assertive attitudes, while MDI is predicted by earlier developmental status. Demographic factors influence child outcomes indirectly, through more proximal functional variables. Ethnicity influences family type, with African-American women less likely to reside with a partner, and more likely to remain with family of origin. In turn, family type influences the pattern of other associations: in Father-Present families, HOME scores lowered the level of reported child behavior problems. The presence of the father also buffered the connection between Maternal Irritability (a composite of mother's depressive symptoms and power-assertive childbearing attitudes) and CBCL scores that was noted in Father-Absent families. Mothers in Father-Present households have more exclusive involvement in child care activities than do those in Family-of-Origin households, where child care is more diffused. The HOME environment is less likely to be under the control of the mother when the mother is herself a child living in her mother's home. Partners and maternal grandmothers differ in the family roles they play, even when both reside with mother and child, but they differ as well in the kinds of support they offer to the mother. Maternal grandmothers, regardless of family type, provide high levels of instrumental support; this kind of support may be less important for parenting than is emotional support, especially when emotional support is provided by a partner. High levels of grandmaternal guidance may, in contrast, undermine both parental involvement and parental competence, especially if the mother is young and inexperienced.

Ethnicity is an important determinant of paternal support, whether or not he resides with mother and child. African-American fathers provide more child care support than do Hispanic fathers; in fact, nonresident African-American fathers provide almost as much child care support as do resident Hispanic fathers. Mothers high in depressive symptoms are more likely to make use of other similarly depressed women, usually the maternal grandmother, as alternative caregivers for the child. Rather than providing compensatory relief, this results in their children being exposed to a greater number of more poorly functioning caregivers. The finding that maternal age has only indirect impact on child outcome, by "tracking" the mother into one or another family type, better pinpoints the salient variables to be targeted in any intervention effort. Results highlight the importance of family composition in determining the contributions of maternal and home characteristics to child functioning.

Great-Grandparents, Teenage Childbearing, and Intergenerational Family Support *Linda M. Burton*

Historically, many black grandparents have served as surrogate parents to their grandchildren. This role was often enacted by grandparents in response to family needs. For example, during the "great migration" of young-adult blacks from the South to urban centers in the North and West, grandparents kept their grandchildren until the parents were financially able to take care of them. There is evidence that a number of today's black grandparents continue to assume the role of surrogate parent to their grandchildren. What has changed for some families, however, are the reasons grandparents assume the role. Unwed teenage childbearing among young black parents, for example, is increasingly cited as a factor that influences the sometimes "involuntary" assumption of childbearing responsibilities by grandparents.

This presentation reported findings from an ethnographic life-course study of great-grandparents and their involvement in parenting their great-grandchildren. The study focused on great-grandparents who are members of black multigenerational families in which their grandchildren are unwed, adolescent childbearers (teen mothers aged 12 to 17). Two questions were addressed: (1) What factors influence whether great-grandparents assume a surrogate parent role for their great-grandchildren? (2) What types of support (instrumental and emotional) do these great-grandparents who are surrogate parents give and receive in the context of family?

Data were collected in a Northeastern black urban community from August, 1989 to December, 1991. The sample comprised 50 great-grandmothers and 25 great-grandfathers from 67 multigenerational black families. Data collection strategies included (1) in-depth audio- or videotaped interviews; (2) focus group discussions; and (3) participant observation in family activities.

Findings from the study indicated that the assumption of parental responsibilities by great-grandparents is largely dependent on individual attributes (e.g., health status, work status, life events, individual attitudes concerning filial responsibility). The types of support the great-grandparents give and receive, however, were related to neighborhood content (e.g., community norms), family structure, and involvement of the great-grandchild's father and his family in providing care for the child. The implications of these findings for future research, policy, and programs were discussed.

Integrated Approaches to Early Intervention

Effects of a Two-Generation Program on Mothers and Children: The Teenage Parent Demonstration Program

Chair: Jeanne Brooks-Gunn *Discussants:* William R. Prosser, Martha Zaslow
Presenters: Rebecca A. Maynard, Jeanne Brooks-Gunn, J. Lawrence Aber

The evaluation of complex two-generation programs and policies requires innovative methods. One approach to these new evaluation challenges is to embed developmental process studies in the evaluation of large-scale social experiments. Such "embedded" studies enable researchers, program designers, and policy analysts to examine the impact of interventions not only on standard adult and child outcomes, but also on interactions and developmental processes that may mediate program participation and outcomes. The Interactional and Developmental Processes Study (IDP) is such an embedded study. The goal is to evaluate mechanisms by which the Teenage Parent Demonstration (TPD), a comprehensive program for adolescent mothers that anticipates features of the Family Support Act (e.g., sanctioning), may affect child outcomes two years after intervention. Data on 180 poor, welfare-dependent African-American teen mothers and their young children were collected at baseline and at two-year follow-up. The design and rationale of TPD and results of the impact analysis on (1) day care use and perception and (2) maternal economic and educational outcomes will be presented. Whether and how experimental changes in day care utilization and perception and quality of care mediate the effects of programs on parent-child interactions and preschooler outcomes will be examined. Whether and how experimental changes in maternal education and employment mediate the effects of participation on maternal characteristics, parent-child interactions, and child outcomes were addressed. Outcomes include multiple measures of both cognitive and socioemotional development.

A Consideration of Self-Sufficiency and Parenting in the Context of the Teenage Parent Demonstration Program *Jeanne Brooks-Gunn, Lisa J. Berlin, Dafna Kohen, J. Lawrence Aber*

Initial, empirical findings from the "Interactions and Developmental Processes" (IDP) Study, a single-site, follow-up study embedded in the multisite, welfare-to-work Teenage Parent Demonstration (TPD) Project were discussed in this presentation. Within the TPD program, welfare support for a randomly selected subsample of the participants, the "intervention group," was made contingent upon these teenage mothers' participation in "self-sufficiency activities": schooling, working, and/or job training. In the follow-up IDP study, 182 African-American teen mothers from the Newark subsample only and their children were interviewed and observed together when the children were about 4 years old. The Newark subsample was the most disadvantaged of the three sites, with a mean household income of approximately $9,800. At the time of the second TPD data collection, when the mothers' average age was 20, only 20% had finished high school and the average reading level was 8th grade.

The principal questions of the IDP Study concerned the relation of mothers' participation in self-sufficiency activities not only to their economic welfare but also to the psychological functioning of the teenage mothers and their children. All IDP data were collected in a single, 3.5-hour home visit conducted by two intensively trained field staff workers. During the visit, the field staff administered an extensive series of questionnaires to the mothers, evaluated several aspects of the children's development, and coordinated several videotaped sessions, including a "Puzzle Task," and a "Free Play" session. These videotaped sessions yielded specific measures of both mothers' and children's behaviors. Mothers' behaviors and mother-child interactions during the Puzzle Task and Free Play sessions became the focal points of the initial data analyses described in the presentation.

Initial analyses revealed virtually no intervention effects on mothers' self-reported psychological functioning or observed behavior. These predominantly null findings can be viewed as offering encouraging news to policymakers: specifically, the fact that intervention group mothers did not report elevated levels of depression, daily hassles, and stressful life events can be viewed as evidence that mandating mothers' participation in self-sufficiency activities does not add hardship to their already troubled lives. In addition, in an effort to facilitate examining connections between mothers' participation in the self-sufficiency activities, *regardless* of intervention- versus control-group status, two groups were identified: Non-Active and Active. Analyses of the Puzzle Task indicated that the Active mothers were less authoritarian (controlling and hostile) and less negative than the Non-Active mothers. Additionally, the children of the Active mothers were more enthusiastic and persistent than were the children of the Non-Active mothers. During Free Play, the Active mothers were less disengaged from their children. These relations were significant above and beyond the contribution of pre-existing demographic and socioeconomic factors.

Thus, these initial findings indicate not only a lack of detrimental effects in the intervention group but also a suggestion that maternal self-sufficiency is going hand in hand with more positive outcomes for both the teenage mothers and their children. Further examination of the role of mothers' self-sufficiency in both maternal and child well-being should prove illuminating.

Helping Teenage Mothers Help Themselves and Their Children

Rebecca Maynard (paper not available)

Maternal Employment and Child Care: Effects of Children's Well-Being

Jeanne Brooks-Gunn, Ann Doucette-Gates (paper not available)

The Effects of Welfare Reform on the Preschool Children of Teenage Mothers: The Mediating Role of Maternal Characteristics and Behaviors

J. Lawrence Aber, Geoff Goodman, Pam Morris (paper not available)

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Integrated Approaches to Early Intervention

School-Based Prevention Research on Early Risk Behaviors: Implications for Head Start and Beyond

Chair: Sheppard G. Kellam

Presenters: Diana T. Slaughter-Defoe, Juanita Lewis, Doreen Koretz

Prevention research has emerged as an arena that transcends disciplines and is built upon the integration of three scientific perspectives: life course development, community epidemiology, and preventive interventions. This integrated perspective is based on uncovering biological, psychological, behavioral, social, and cultural influences on the responses of individuals to social task demands they face in specific social fields at specific stages of life. Preventive interventions specifically aimed at the risk factors are then directed at reducing risk and enhancing resilience. Such studies require population definition. Preventive interventions can be directed at characteristics of a social field or fields, at the individual, or at the social task demand/response interaction involving the social field and the individual. The social task demand/response interaction includes the teacher's demands and the child's responses in the classroom, the parent's demands and the child's responses in the home, and the peers' demands and the child's responses in the peer group.

This symposium proposed an integration of this wide range of studies, to be referred to as "developmental epidemiologically based prevention research." The prevention research questions addressed by the intervention are: Can the antecedent be improved? If so, is the risk of the later problem outcome improved? For example, aggressive behavior in early elementary school is an antecedent of delinquency, violent behavior, and heavy drug use, including I.V. drug use. If we reduce aggressive behavior in elementary school, and if the consequences of the early reduction, in turn, reduce the risk of delinquent behavior, then the preventive trial supports the hypothesis that early classroom aggressive behavior has a functional role in the developmental path leading to delinquency. Maladaptive behavioral responses to classroom task demands, such as aggressive behavior and poor academic achievement, mark children who are at increased risk of specific problem outcomes later in life.

At the Johns Hopkins School of Public Health Prevention Research Center (PRC), two developmental, epidemiologically based preventive trials have been carried out in 19 elementary schools in the eastern half of Baltimore, involving more than 2,000 children over the course of first and second grades. The first set of interventions began in the 1984-85 school year. The Good Behavior Game intervention (GBG) was aimed at reducing aggressive behavior. The Mastery Learning intervention (ML) was designed to improve poor reading achievement, an antecedent of later depressive symptoms and possible disorder. School achievement and aggressive behavior are correlated with each other and have specific patterns of relationship with other classroom social task demands.

Fall and spring assessments were done during the two years of interventions, with annual follow-up assessment from third through sixth grade. Each intervention had a significant and specific impact on its own proximal target. The GBG had a significant short-term effect on teacher-rated aggressive behavior over first grade. The effect disappeared in third and fourth grades, began to reappear in fifth, and grew stronger in sixth grade, the first year of middle school for most of the children. The more aggressive first-grade males were more likely to benefit from the GBG. It appears that the impact of preventive trials may not be continually observable. In this case, impact was measurable at times of transition into elementary school and later into middle school, both times requiring adaptive capacity for new social task demands.

Analyses of children's self-reported depressive symptoms and their mastery of learning to read over the course of first grade were also done. In fall and spring of first grade, children reported high levels of symptoms, many in the clinically relevant range on the Children's Depression Inventory (CDI). There was a linear relationship in the fall between depressive symptoms and California Achievement Test scores. Among female children in the control and intervention classrooms, there was a significant relationship between gain in achievement test scores and the course of depression. Those girls whose achievement over the course of first grade was at or above the national standard reported markedly reduced levels of depressive symptoms compared to those whose achievement was below standard. Among male children in the intervention classrooms whose gain in achievement was at least the national average among first graders, depression from fall to spring was also markedly decreased compared to those whose achievement gain was below the national average. These results illustrate the efficacy of improving achievement, a centrally important social task demand in lowering the level of depressive symptoms among vulnerable children.

The cross-over results of the two interventions show that (1) male first graders in the achievement intervention experienced higher achievement gains than those in controls, and achievement gains led to a significant reduction in teachers' ratings of aggressive behavior; (2) girls had much lower aggressive behavior from the beginning of first grade (Cross-over effects of the achievement intervention in the form of lower aggressive behavior in the spring were limited to girls who were in the achievement intervention classrooms and who were higher achieving in the fall and continued to gain in achievement over the year.); and (3) both boys and girls who received the GBG intervention showed decreased aggressive behavior, although there was no link to an increase in achievement.

These results provide evidence for the role of mastery of reading achievement in aggressive behavior, particularly in boys, and in depression, particularly in girls. The preventive trials provide evidence of the direction of effects and the reversibility of the aggressive behavior and depressive symptoms in some children by raising the level of reading achievement. The results provide a strong basis for hypotheses as to the role of mastery in the antecedents of aggressive behavior in the classroom and the earlier stages of the gender differences in later delinquency, heavy drug use, and school dropout. The results also provide a basis for hypotheses about the role of mastery in the early manifestation of depressive symptoms in the classroom and in later high rates of depressive symptoms and disorder in women as compared to men. They invite analyses as to whom these inferences apply and to whom they do not, in order to understand the variation in the causes and prevention of the distal outcomes of each antecedent.

The results of this work add improving reading as a key element in not only preventing the consequences of poor achievement, but also reducing aggressive behavior and its consequences. Thus, the vital importance of programs such as Head Start, as well as improved curricula such as ML, is supported by these data.

In the current stage, the PRC and the BCPS have formed a Prevention Program partnership to develop and evaluate new prevention programs. First grade classes in nine Baltimore City Public Schools have been randomly assigned and are participating in three kinds of programs: Classroom Intervention, Family Intervention, or Standard Setting.

The first-grade teachers participating in the Classroom Intervention are using the enhanced ML and GBG to help promote high achievement in reading and mathematics and positive behavior in the classroom. These teachers are also using additional materials to augment the standard language arts and mathematics curricula. Some children are involved in classroom activities that focus on getting along with friends and paying attention. Class meetings are held so that the students can work as a team to address issues and problems in their classroom and come up with solutions. Discussions such as these are designed to foster children's communication and problem-solving skills.

Besides classroom environment, a strong partnership between the family and the school is important to a child's development in learning and behavior. Therefore, a second group of Family Intervention teachers is teaming up with parents to help children learn and behave their best. These teachers have been inviting groups of parents to attend a series of workshops aimed at strengthening the partnership between the teacher and parents and allowing families to work together to help children behave and learn better. In addition, teachers send home weekly reading and math activities for parents and children to complete together. Children take home multicultural stories related to themes in the first-grade curriculum from the classroom's Home Lending Library; each family receives a Family Fun Math Kit for parents and children to use with the weekly activities. Other classrooms participating in the Standard Setting Program are using the standard Baltimore City Public Schools curriculum and teaching techniques. These classes serve as controls by which to measure the impact of the two other interventions.

Evaluation methods include telephone interviews with parents, face-to-face interviews with individual families, children's self-reports, peer reports, and teacher reports. Information about each child's academic progress, awards or honors, attendance, and suspension or expulsion details will also be collected from school records. Diagnostic assessments to determine epidemiologically the developmental psychiatric status of the children are also planned. To encourage participation by all, incentives are offered. For instance, transportation and child care are provided for parents participating in the workshops. It is also emphasized to every participant that the information obtained in the interviews will be kept in strict confidence to the fullest extent permitted by law.

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From Innovative Programs to Public Policy: Implementing Comprehensive Early Childhood Services in a World of Categorical Programs

Chair: Heather Weiss *Discussants:* Helen Blank, Beverly Langford Thomas
Presenters: Elena Lopez, Thomas Schultz

Heather Weiss introduced this symposium designed to explore the tension between an early childhood policy structure of discrete, categorical programs and professional norms of providing holistic, continuous, comprehensive, and integrated services to young children and families.

Elena Lopez's presentation drew on evidence from eight case studies of local early childhood agencies in order to analyze two strategies used to resolve the conflict between principles of effective professional practice and the structure of early childhood programs. The first approach is for local agencies to merge from multiple federal and state programs, which involves complex burdens for local administrators and staff to comply with variable forms of program policies. The second approach involves varied forms of interagency collaboration in order to exchange resources and assist families in obtaining combinations of needed services.

Thomas Schultz's presentation utilized the same database of case studies to argue that local leadership and management exerts a dominant influence on the shape and quality of front-line services; that the priorities of innovative agency executives are often incongruent with the emphases and structure of federal and state programs; and that leadership development is a neglected component in the early childhood policy system.

Discussant Helen Blank commented on implications for federal policy. She expressed concern that critiques of our present structure of categorical programs could lead to proposals to consolidate funding streams at the risk of lower levels of fiscal support, via the argument that a simplified program structure requires lower administrative costs. She urged that attention be directed at improving policies within existing programs in areas such as assuring consistency in client eligibility, providing resources and parallel mandates to encourage collaboration, and increasing responsiveness to the comprehensive needs of families.

Discussant Beverly Langford Thomas shared a practitioner's perspective on the realities of making collaboration work at the community level. She noted the challenges of simultaneously working to integrate program components internally in Head Start and building relationships with other agencies and institutionalizing existing patterns of collaboration while stretching to create new forms of partnerships. She also argued that collaboration can help make the case for increased funding for early childhood services by building a shared strategy for advocacy and increasing assurance among policymakers that existing resources are being used efficiently.

Coping with Categorical Programs: New Solutions Create New Dilemmas

Elena Lopez

This presentation addressed a central dilemma between early childhood policy and practice — the mismatch between a policy structure of multiple, categorical programs and the profession's commitment to holistic, continuous, comprehensive, and integrated forms of service to children and families. The presentation explored two major strategies for resolving this dilemma via the evidence of eight case studies of local early childhood programs. The case studies involved extensive observation of services in Head Start, child care, family support, and public education agencies; interviews with managers, staff members, parents, and leaders in schools and other community organizations serving families; and reviews of proposals, reports, evaluations, and other written documentation on program operations.

The first strategy observed to resolve the tension between program structure and ideals of exemplary practice is meshing funding streams through a single local agency. Agencies seek to create integrated, comprehensive programs by garnering and combining resources from a wide variety of different programs. However, even when agencies are successful in this approach, meshing resources creates a series of implementation problems, including administrative burdens of proposal writing, reporting, and fiscal management; combatting conflicts between staff members funded via different programs; training staff to understand how to implement different definitions of eligibility and services in their work with families; and coping with concerns from parents who observe inequities and inconsistencies in access to services based on state and federal policies.

The second approach observed to resolve the policy-practice dilemma is collaboration among local agencies to help families obtain needed services. Strategies for collaboration include referrals, sharing staff positions, contracts for service, networks and interagency councils, co-location, and case management efforts.

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Based on the evidence and analysis of this study, priorities for early childhood policy are to increase investment in services to improve access and program quality; to provide incentives for collaboration among local agencies and programs; and to support ongoing needs assessment, planning, and staff development within all programs.

Leadership Development: The Missing Connection in Early Childhood Policy and Practice *Thomas Schultz*

Based on eight case studies of innovative local early childhood initiatives, this presentation argued that local agency directors have a dominant influence in how programs are implemented and in the scope and quality of program services. Examples of the effects of executive initiative include expansion of funding and services, merging resources from different programs to provide integrated comprehensive services, invention of new program strategies, and creative approaches to enhancing program quality. The study then observes a curious mismatch between the priorities of local agency executives and the structure of early childhood public policy. For example, early childhood policy takes the form of multiple categorical programs with separate program standards and definitions of eligibility and services. However, local managers strive to build environments for staff and families in which services are integrated, continuous, and consistent, regardless of the sources of revenue. Early childhood policy defines quality in the form of minimum standards, while local directors seek to foster excellence in program operations and professional practice. In addition, while public policies and programs are dependent on expert local management, there are few resources and little attention given to developing and supporting local agency executives.

The presentation concluded by arguing that leadership development should become a more prominent component in designing future early childhood programs. It was recommended that attention be placed on capitalizing on our present core of exemplary, innovative local managers as mentors; creating networks and technical assistance systems to capitalize on the experience and strategies of local early childhood entrepreneurs; and adapting management training strategies from the education, health care, and private sectors.

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Evaluating Two-Generation Interventions: Recommendations for Design, Analysis, and Field Implementation

Chair: Sheila Smith *Discussant:* Lonnie R. Sherrod

Presenters: Sheila Smith, J. Lawrence Aber, Martha Zaslow

This symposium examined advances in research design, methods, and field implementation that suggest promising directions for future studies of comprehensive family interventions. It focused on the unique evaluation challenges and opportunities presented by new two-generation interventions that combine services to promote the development of young children with education and training for parents that can help families escape poverty. An emerging group of two-generation models includes recent Head Start initiatives.

Integrated Approaches to Early Intervention

The symposium's three presentations provided a range of strategies for building much-needed knowledge about effective two-generation family interventions. The first presentation reviewed design and methodological advances in current evaluations and provided a framework for developing future studies of two-generation interventions. The other two presentations highlighted important lessons in design and field implementation that are emerging from two current observational studies embedded in the larger evaluations of the New Chance Demonstration and the Teen Parent Demonstration.

The discussant related the symposium's recommendations to ongoing efforts to improve the capacity of family interventions to promote children's long-term healthy development and success in school. The discussant also related the research recommendations to new directions in Head Start program development and to national family and welfare policies that will affect children's prospects for a better future.

Studying the Effects of Two-Generation Programs: Overview of Advances in the Field and Promising Directions for Future Evaluations

Sheila Smith, J. Laurence Aber

This presentation examined special features of two-generation interventions that have implications for designing evaluations of their impact on child and parent outcomes. The current state of the field and promising directions for future research were discussed.

Two-generation interventions integrate two types of family supports: (1) services to promote the development of young children, such as early childhood education, and activities to enhance parenting skills; and (2) services designed to improve parents' education and employment status and, over time, reduce family welfare dependency and poverty. Current examples include the New Chance Demonstration, the Even Start Family Literacy Program, and recent Head Start initiatives, such as the Comprehensive Child Development Program and Head Start Family Service Centers.

Several features of two-generation programs have implications for the design of studies that can investigate their impacts on parents and children: the indicators of quality for different program components are derived from several disciplines and vary in the extent to which they are based on existing research. For example, quality indicators for child care have a stronger empirical base than quality indicators for parenting education, case management, or vocational training. Approaches to assessing program quality in evaluations of two-generation interventions were considered. Two-generation interventions combine hypothetically "fast-acting" supports (e.g., preventive health care and early childhood education, which may lead to fairly quick improvements in child well-being) with services that promote "slower-acting" family processes (e.g., parental employment and the family's eventual rise out of poverty). Also considered were strategies for investigating patterns of change over time. Two-generation interventions are likely to target a diverse population of families. Ways to capitalize on this diversity so that more can be learned about creating a good fit between families and interventions were suggested.

An overview of important advances in current evaluations of two-generation programs was offered. These included the integration of extensive information about program implementation and participation with parent and child outcome findings; analyses of mediating and moderating influences that can inform interpretations of outcome findings; and the investigation of relationships between relatively low-cost survey measures and "higher fidelity" observational measures.

Integrated Approaches to Early Intervention

Recommendations for an agenda of future research that can yield new knowledge about effective two-generation interventions for different types of families were offered. Presenters examined the value of planned variation studies, which compare the uses of differentiated constructs and measures to provide more finely tuned assessments of program effects, and the relevance of studying certain mediating processes to ongoing program development aimed at improving the effectiveness of family interventions.

Observational Research Embedded within the New Chance and JOBS Evaluations *Martha Zaslow, Carolyn Eldred*

This presentation addressed two questions concerning the use of direct observations of mother-child interaction in the New Chance and JOBS evaluations: (1) How does observational research contribute to the study of two-generation interventions? (2) What challenges are involved in the fielding of observational procedures in the context of large-scale evaluation studies?

New Chance is a voluntary program and demonstration project targeted at teenage mothers with limited education. It is a fully two-generational program, offering comprehensive services to mothers (including education and job skills training, life-skills training, and parenting classes) and to their young children (including high-quality child care and health care). By contrast, JOBS is a mandatory program, mainly focused on the provision of employment-readiness services. It targets a heterogeneous population of AFDC mothers. While it does not address children's developmental needs directly, the JOBS program has the potential of altering children's daily routines and experiences.

The evaluation studies of the New Chance and JOBS programs assess economic and educational outcomes for mothers, as well as developmental outcomes for children. Observational research has been embedded within each of these evaluations and involves videotaping interactions in the homes of a subsample of each evaluation study. The videotaped observations involve mothers and children in a series of tasks and social interactions. The parallel embedded observational studies are a collaborative effort of researchers from Manpower Demonstration Research Corporation, Child Trends, Response Analysis Corporation, Humanalysis, and the Institute for Survey Research at Temple University, who are carrying out the larger evaluations, Byron Egeland at the University of Minnesota, and Catherine Snow at Harvard University.

Observational research embedded within the New Chance and JOBS evaluations can enhance the understanding of these contrasting interventions in several ways. It can investigate program versus control-group differences in mother-child interactions. The use of identical observational protocols within the two evaluations can illuminate whether differences in mother-child interaction occur only in the context of a voluntary, fully two-generational intervention or in a mandatory intervention focusing on maternal self-sufficiency as well. The two waves of observations in the JOBS study can make it possible to ask whether differences in mother-child interaction occur early in the process of adapting to participation in JOBS, and/or later if more enduring changes in family economic status or maternal education occur. The observational research can also permit the examination of the factors that mediate child outcomes. Fine-grained measures in multiple domains of mother-child interaction (e.g., cognitive stimulation, affective quality of interaction) can make it possible to examine how mother-child relations across survey- and observation-based parenting measures help identify the strongest survey measures of parenting for inclusion in future evaluations.

This presentation concluded with an examination of issues involved in adapting observational protocols for use in a larger survey study. These include (1) designing procedures to enable survey interviewers without a background in child development to administer observational protocols; (2) providing them with the tools to react to the demands of each unique situation while respecting the intent of the protocol; and (3) managing the considerable logistical problems involved in conducting home visits.

Designing and Implementing Developmental Process Studies Embedded in Outcome Evaluations: Lessons from the Teenage Parent Demonstration (TPD)

J. Lawrence Aber

This presentation described the policy and conceptual rationales for the Interaction and Developmental Process (IDP) study embedded with the TPD/Newark. It also described lessons learned from implementing the IDP via a collaboration between a policy research firm and developmental psychologists at a university.

Welfare reform and employment training programs are often constructed in the belief that program influences on parents will indirectly benefit children, or at least do no harm. These beliefs appeared to guide the authors of the Family Support Act (FSA), the most important piece of welfare reform legislation in the last decade. But outcome evaluations of social experiments directed at adults rarely evaluate their indirect impact on children. One notable exception is the evaluation of the Teenage Parent Demonstration (TPD). TPD was initiated before the passage of FSA by the states of Illinois and New Jersey, but it anticipated major features of the FSA, notably education and employment training requirements for teen mothers. The designers of TPD, like the designers of FSA, believed that education and/or employment effects of the program on teen mothers would likely benefit their young children, or at least do no harm. To formally evaluate this belief, a process and child outcome study, the Interactional and Developmental Processes (IDP) study, was designed and embedded within the large-scale, adult-oriented, outcome evaluation of the TPD in one site, Newark, New Jersey.

The design of the IDP was based on Bronfenbrenner's notion of mesosystem influences on child development. Designing evaluations of mesosystem influences necessarily requires hypotheses and measures to address three levels of process: (1) how the mesosystem intervention influences parents, (2) how changes in parents lead to changes in parenting styles and parent/child interactions, and (3) how changes in parenting influence child outcomes. The presentation briefly outlined the key initial hypotheses and measurement and analytic strategies to test these key hypotheses at all three levels of process. Special attention was paid to how the IDP goes beyond traditional impact analyses to an analysis of the processes that may mediate the relation of parental program participation and child outcome. The rationale and design for an in-home videotaped research protocol were also presented.

Lessons learned in designing the protocol, managing field staff hired from the community, and reconciling the different research priorities and cultures of a policy research firm and university-based developmentalists were described to alert future researchers to the potential advantages and disadvantages of this form of collaborative research.

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Conceptual Models for the Study of Families

Broadening the Framework for Serving the Family: Translating Research into Practice from a Multiethnic/Family Strength Perspective

Chair: Heather Weiss *Discussant:* Ethel Seiderman

Presenters: Heather Weiss, James Earl Davis, Maria D. Chavez, Andrew Billingsley

> *This symposium was focused on research and study from a social/cultural context. The presenters and facilitator have had rich experiences that indicate a respect for the community and an appreciation of the values, mores, ethics, and belief systems of the groups studied. Their research and books are widely known and distributed in the field of family and child study. The outcomes presented offer guidance to practitioners for establishing relevant systems of service that reflect the reality of families and children, and can influence current practice with families and children, as well as the training of new professionals to integrate a broader perspective built on a family's cultural values and strengths. As partnerships are created among community service providers, agencies, and families, we can create systems of service that are comfortable, accessible, and respectful of diversity.*
>
> *The symposium reflected the work of a group of researchers who place high regard on the family as the most vital and consistent system in the child's life and as the vehicle for the empowerment of parents and the promotion of social change. Head Start, long a leader in family support and child development for our nation's most vulnerable and poor children, is in a position to influence change and promote optimal development as it charts its direction and expands its efforts in this decade.*

Improving Child and Family Access to Health Care: Building Collaborations between Head Start and Community Health Centers *Heather Weiss*

From its beginning, Head Start has identified the provision of health care as one of its core components and has relied on Medicaid to finance the delivery of those services. Linking Head Start children and families to a private physician, however, has become increasingly difficult due to the limited participation of providers in the program. This presentation provided (1) a description of the development of an innovative model designed to improve access to quality health care services for children in an urban Head Start program; (2) an outline of a responsive evaluation strategy for assessing the implementation and initial operation of this innovative model; and (3) a discussion of preliminary findings on the challenges faced in implementing this demonstration in order to identify lessons for replication.

Empowerment through Evaluation: The Challenges of a Family Support Program *James Earl Davis*

The objective of this presentation was to provide an analysis of an evaluation of a family support program: Families and Centers Empowered Together (FACET). The program provides an intervention model for the prevention of substance abuse by providing family support with a strong parental empowerment emphasis. The presentation focused on the challenges and contradictions of conducting an evaluation that should be empowering – matching the program values and goals and meeting requirements for documenting program effects with quantitative data.

Preliminary findings from the FACET evaluation were presented using a conceptual framework that was applied to both the process and outcome evaluation activities of the program. Proposed strategies to make evaluation a "natural," "mutually beneficial," and "affirming" process were examined. Differential effects of process-versus-outcome evaluation were looked at, with attention given to conflicting agendas of evaluation as an empowering process and meeting specified guidelines for documenting program effectiveness.

Evaluation of the Family Development Program *Maria D. Chavez*

The Family Development Program (FDP) began in 1985 to design and establish a preschool education program in collaboration with low-income parents in Albuquerque's South Broadway neighborhood. Today, FDP offers four licensed preschool programs in city community centers; a developmental program for infants, toddlers, and their parents; an active program in parental involvement and education; a Parents as Authors program; and a range of family support services. FDP also sponsors a collaborative interagency team and, in cooperation with the University of New Mexico's Maternity and Infant Care Project, plays a role in community prenatal and infant health care. The program also offers an after-school program for at-risk elementary students and their parents and an Organizational Training program, which provides technical assistance and training for preschool teachers, service providers, parents, and others throughout New Mexico.

Evaluation of the Family Development Program has been considered a two-part process: formative and summative. Formative evaluation activities consist of a constant monitoring of community needs, the program's responses, and the effectiveness of program components at each developmental state. The role of the external evaluator in this process is simply to assist the staff in the continuing process of self-evaluation. Summative evaluation — evaluation in the traditional sense — assesses the operation and effectiveness of the program as a whole in meeting a range of goals agreed upon by the funding agency. The role of the evaluator in the summative evaluation is to obtain and interpret relevant data on the project's progress in this endeavor.

Evaluation activities consisted largely of developing, administering, and analyzing survey instruments used in registering families; interviewing participating parents and staff members; and making direct observations of various program components and functions. The evaluator also made use of data that had been collected for other purposes, such as results of the study on children's cognition conducted by the project director in 1986-1987 and results of preschool language tests conducted annually by graduate students of the University's Speech and Communicative Disorders Department. Additionally, the evaluator relied on project reports and other documents to determine past trends and occurrences.

Exploding the Myth of Family Functionality *Andrew Billingsley*

This presentation sought to explode the myth of family functionality. First, it showed that functionality is not determined by family structure. Instead, a wide range of forces that impact positively and negatively on family functionality was explored. In addition, the presentation showed that family structure is much more varied than the simple two-way typology of two parents and one parent implies. This presentation examined functionality in a wide range of family structures. Moreover, it provided models of childhood and family interaction with community agents that help build functionality and promote the development of children who are healthy in mind, body, and spirit.

Finally, Head Start was discussed as a uniquely situated mechanism (though hardly a panacea) for harnessing all the forces that make for family functionality and early healthy childhood development and that set the stage for lifelong achievement. Examples were drawn from the study of minority families, giving particular attention to the importance of culture and cultural diversity.

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American Indian, New Immigrant, and Migrant Families: A Focus for Research

Chair: Maria D. Chavez
Presenters: Nancy Busch-Rossnagel, Lucinda Pease-Alvarez, Mary Lou de Leon Siantz, Paul Dauphinais, Damian Vraniak

A blue-ribbon panel of Head Start advisors recently recommended that future research be designed to focus specifically on the special needs and characteristics of smaller, but equally important, Head Start populations not usually studied. The needs of American Indian preschool children and families, new immigrant Dominican and Mexican families, and migrant families were discussed, and research priorities for these populations were delineated.

The Role of Acculturation in Maternal Teaching Behaviors: Research Findings and Needs *Nancy Busch-Rossnagel, Maria P. Fracasso*

When families immigrate to a new country, many of their attitudes, values, and behaviors change as a result of contact with the new, dominant culture. This process of change is called acculturation, and the results are manifested in most aspects of family functioning, including that of child socialization. As the child's first teacher, the behaviors of mothers are of particular importance for child socialization. Of particular interest here are the behaviors that mothers use to teach their children. This presentation explored several approaches to studying the role of acculturation in maternal teaching behaviors, as seen in four studies.

The first approach examines groups expected to differ in level of acculturation. Laosa demonstrated that Chicano and Anglo mothers showed different profiles of teaching behaviors, and Vargas and Busch-Rossnagel demonstrated that Puerto Rican mothers living in the Bronx, New York used more inquiry, praise, and positive physical interventions than did mothers living in Bayamon, Puerto Rico. In a sample of Hispanic mothers living in New York City, Planos, Busch-Rossnagel, and Zayas found that Puerto Rican mothers (who were more likely to be born in the mainland U.S.) used more inquiry and praise than did the Dominican mothers, who used more modeling.

Another approach examines the relationship of acculturation and similar variables to teaching behaviors. Laosa found that the cultural differences could be accounted for by differences in level of maternal education, while Vargas and Busch-Rossnagel showed that modernity of childrearing attitudes was a significant predictor of inquiry and praise, even after controlling for level of maternal education. Studying recent-immigrant Central American mothers of 4-month-old infants, Fracasso found that level of acculturation was positively correlated with maternal vocalization and demonstrating the task and negatively correlated with structuring the teaching task; only vocalization was related to maternal education. Planos et al. also found significant positive correlations between acculturation and inquiry and praise and a negative correlation between acculturation and modeling. Taken together, these findings suggest that some variables might be mediating the influence of other variables, so Planos et al. explored two mediation models. A model that includes acculturation as a mediator of the effects of maternal anxiety and depression on maternal teaching behaviors was supported.

The body of research on acculturation and maternal teaching behaviors suggests several new lines of inquiry. Laosa proposed that Anglo children are better prepared for school because their mothers use teaching behaviors more likely to be found in American classrooms instead of using the modeling used by Chicano mothers. The validity of this relationship and the developmental progression in the efficacy of specific teaching behaviors should be explored. The effect of interventions designed to increase acculturation will give us more definitive information about the mediation of acculturation. To facilitate such interventions, future research will need to define the psychological processes underlying acculturation. These processes might be both cognitive (e.g., flexibility in thinking associated with knowledge of two languages and cultures) and socioemotional (e.g., the motivations underlying behaviors, or the mother's sense of self and identity).

A Resource Perspective on Learning and Using Language in Mexicano/Latino Communities *Lucinda Pease-Alvarez*

Ethnographic research focusing on the language experiences of young children living in ethnic-minority communities has taught us that context exerts an important and complex influence on the language children acquire and use. Drawing upon research conducted on the language that involves children living in a Mexican immigrant community, this presentation described the linguistic environment available to children living in this community. As reflected in their language practices, children and parents draw upon a broad range of cultural and linguistic resources as they negotiate their daily lives. Some of these practices are reminiscent of those commonly used in Mexico. Other ways of using and thinking about language are shared by other cultures, and some are shaped by the users' experience of living and working in bilingual/multicultural communities. Children and parents are key players in one another's language socialization. Parents perceive themselves to be deliberate and central participants in their children's language development, but children, too, are responsible for helping adults negotiate transactions with outside institutions. Thus, language socialization is a mutual endeavor, with adults and children taking responsibility for one another as they negotiate language and culture.

Yet many teachers who work with these students have a very different view of the linguistic and cultural worlds that are available to students outside of school. They view students' home environments as devoid of talk. Parents are described as unable or disinterested in talking to their children in ways that will enhance their intellectual and academic development. Children are sometimes described as unable to adequately express themselves in either of their languages. Moreover, the most dysfunctional of home environments is often described as the norm for the entire community.

Given this scenario, one that has been described by other researchers working in other ethnic minority communities, this presentation concluded by suggesting research directions that link the worlds of teachers to those of their students.

Conceptual Models for the Study of Families

The Research Needs of Migrant Families and Children *Mary Lou de Leon Siantz*

This paper provided an overview of the research needs of the migrant farmworker population. First, the changing demography of the migrant population and the impact of risk factors such as poverty, poor housing, lifestyle, poor health, lack of educational opportunity, discrimination, and migration on the family and children were reviewed. Second, what little is known about migrant farmworkers was considered, and their research needs, including basic data, were discussed. Third, the importance of the Migrant Head Start program to developing a migrant farmworker research agenda was presented.

Migrant Head Start is in a unique position to develop a database that identifies and describes the migrant family's physical and mental health status and needs, its cultural strengths, unique adaptation strategies, and potential for success through its health, education, social services, and parental involvement components. Researchers must go beyond their ivory towers to develop partnerships and studies that provide not only knowledge but also concrete benefits to those they are studying.

Preschool Assessment: Meeting the Needs of American Indian Preschool Children *Paul Dauphinais (paper not available)*

Research in Support of Services: Meeting the Needs of American Indian Preschool Children and Families *Damian Vraniak (paper not available)*

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An Integrative Theoretical Framework for the Study of Minority Families and the Developmental Outcome of Their Children

Chair: Cynthia Garcia Coll

Presenters: Gontran Lamberty, Barbara Hanna Wasik, Keith Crnic, Harriette Pipes McAdoo, Cynthia Garcia Coll, Renee Jenkins

Most previous research on minority populations (especially African-American and Puerto Rican) has been preoccupied with documenting the problems rather than the processes of development in these populations. In addition, most extant research is guided by theoretical models that do not necessarily emphasize the adaptive qualities of the developmental outcome observed in these children.

This roundtable presentation introduced an integrative theoretical framework specifically designed to study the normative processes of development in minority families and their children. The presentation provided a rationale for the need for an integrative model, a historical review of the mainstream theoretical models that have guided developmental research with minorities in the last century, the current dominant theoretical models and their relevance to our understanding of the developmental outcome of minority children, a synthesis of extant literature on African-American and Puerto Rican families and children in terms of theoretical frameworks, and, finally, an integrative model to guide future research with these populations.

Conceptual Models for the Study of Families

There are several theoretical and empirical reasons for formulating an integrative theoretical framework for the study of minority children and their families. There is a conspicuous absence of longitudinal investigations on the normative development of minority children; the emphasis in most of the literature is on outcomes (especially negative outcomes), rather than processes and adaptations; most studies ignore intragroup variability and emphasize between-group comparisons; most disregard the diversity inherent in some minority group categories; and most downplay the effects of contextual variables, including exposure to health risks and differential educational experiences, and especially the influence of social stratification derivatives of racism, prejudice, discrimination, and segregation.

Over the past 150 years, at least three mainstream models have been used to describe or explain developmental outcome among ethnic and racial groups. The genetically deficient model maintains that Caucasians have genetic intellectual superiority over any other group. This model has persisted into the last half of the 20th century, as evidenced by the writing of Jensen, Shuey, Herrnstein, and Dunn. Other models emphasize environmental factors as the major contributors to group differences, although the white middle class still prevails as a standard. This perspective conceives of the culturally deprived as those who lack the benefits and advantages of white middle-class America and cites these environmental deficits as the reason that many groups perform poorly on tests or in school or exhibit pathological characteristics. More recently, culturally diverse or difference models for minorities have been proposed. Rather than viewing differences as pathological, deviant, or deficient relative to the mainstream, the most recent view considers different cultures and lifestyles to be legitimate and valuable in their own rights and adaptive to their unique environmental circumstances.

Recent mainstream models (organizational, transactional, ecological, and life span) have some heuristic value in further guiding the study of the normative developmental processes in children of color. There is no theoretical or empirical reason to assume that individual primary developmental processes operate differently for children of color. However, these models have failed to integrate the complex multicultural, racial, and ethnic issues that are central to understanding development in children of color. They have not paid enough attention to the specific factors that influence the developmental processes: the diverse physical, economic, social, and psychological attributes of individual children of color; the diverse contexts specific to their daily experience; the cultural, racial, and ethnic values that influence their competencies; and the societal structures that limit them, including racism, prejudice, discrimination, and different types of segregation.

Historically, the developmental outcome of African-American children and their families have been studied using deficit models, which imply that genetic and/or environmental factors are at the root of maladaptive development. The use of these models has placed an untoward emphasis on the nonblack family and child; the diversity that has existed within the African-American community for five or more generations has been ignored. Emphasis has been placed on deviant, at-risk, low-income families and children and, in general, presenting them in a stereotypical manner. However, there have been many criticisms of this approach. The works of Frazier, Nobles, Akbar, Boykin, Peters, McAdoo, Spencer, McLoyd, and Ogbu, among others, were reviewed.

Similarly, Puerto Rican families and children have been studied using, primarily, deficit models. Early anthropological work was guided by the etic approach, which conceptualized the Puerto Rican family as a deteriorating institution resulting in a dysfunctional socialization process and a consequently negative developmental outcome of their children. As in the past, current research with Puerto Rican families and their children has been guided by three primary theoretical models: the genetically deficient model, the culturally deficient model, and the culturally diverse model. Most studies have focused on understanding the etiology of developmental problems in these children and have not documented normative processes. This is due in part to the fact that Puerto Rican children and families are overrepresented in so-called "high-risk" populations such as school dropouts, teenage mothers, female single-head-of-households, and poor and uneducated households. The work by Dunn, guided by the genetic/cultural deficit model, was contrasted with the work of Rogler, Canino, and colleagues Hakuta and Garcia Coll.

The proposed new conceptual framework integrates current mainstream developmental models with those of minority developmentalists by drawing on social stratification theory. The basic principles of the organizational, transactional, ecological, and life-span models are considered relevant to this new formulation. However, special emphasis is given to the unique experiences of minority families and children. In particular, it is postulated that, based on such social positions as race, ethnicity, social class, and gender, the social stratification system of our society sets into motion processes that have a profound and unique impact on the development of minority children. These processes — segregation (residential, economic, social, and psychological), racism, prejudice, discrimination, and other forms of oppression — create unique inhibiting, as well as growth-promoting, environments that require unique adaptive strategies, values, and beliefs. Prominent within these inhibiting/promoting environments are health risks and the health care system, as well as the school environment. Together with the group's past history (political and cultural), these adaptive strategies, values, and beliefs constitute the collective adaptive culture of a minority group. The group's adaptive culture interacts with the child's individual characteristics and the family processes to shape developmental competencies in the minority child that range from basic or universally shared competencies to the distinct or group-specific.

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Researcher/Practitioner Partnerships

Research Partnerships in Action: Dynamic Struggles and Productive Relationships

Chair: Gene H. Brody *Discussant:* Ron Herndon
Presenters: John Bancroft, Saborah Abdul-Kabir, Faith Lamb Parker, Carolyn Webster-Stratton, Howard Stevenson, John W. Fantuzzo

The partnership process between university researchers and the Head Start practitioner/parent community was the focus of this presentation. Three successful Head Start researcher-Head Start community partnership teams, from Philadelphia, New York City, and Seattle, shared their experiences and the lessons learned from their ongoing relationship.

Head Start staff and parents discussed the history of their research partnership and the concerns that complicated the initial research efforts. The major question was, "Could these researchers be trusted?" Staff worried about whether the researchers would take adequate precautions to protect the confidentiality of Head Start parents and children. Parents were concerned about whether research findings would perpetuate negative stereotypes of low-income, urban families and misrepresent them. Parents were also concerned about whether the researchers would treat them and their families with respect and not like "specimens in an experiment." Other questions were raised by the Head Start community: Would the researchers focus only on the negative aspects of individual children, families, and programs and not address the totality of everyday realities and its impact on families? Would the research be a needless additional task to add to their work load, with little concrete benefits for families in the program?

Substantive ways that Head Start staff and parents contributed to the research effort were identified. For example, they reviewed assessment instruments and, where necessary, helped develop measures. They were also actively involved in recruiting participants and collecting data. Moreover, they helped with the interpretation of the results and joined researchers at professional conferences to present what was learned.

Head Start staff and parents listed a number of benefits that they received from their partnership experience. These included (1) obtaining recognition and credit for their accomplishments in Head Start and in the research project; (2) learning about the research process; and (3) having researchers be more sensitive to the needs of the Head Start community, thereby designing research projects that have greater practical application.

Researchers shared four major principles that they use to foster strong partnerships with the Head Start community. These principles are: (1) *Make a strong commitment to a collaborative model.* This commitment is fleshed out by identifying and cultivating the strengths of the Head Start staff and parents and by using the consensus-building method that aims to achieve "win/win outcomes." (2) *Deal with hidden beliefs, values, prejudices, and misconceptions up front.* Resistance needs to be identified and addressed by encouraging partners to voice their feeling and "worst nightmares," in order to break down barriers between people and expose their fears and hopes. (3) *Establish a "give and take" relationship with the Head Start community.* This relationship is built first by having researchers and Head Start staff and parents co-construct the research agenda and methods. In the process, researchers must be aware of the balance between cost and benefit to all parties and make sure that there is equity between partners. Researchers also must make sure that there is "something in it" for the Head Start program, attending to both immediate and long-term payoffs. (4) *Reinforce the partnership message to each other and the world.* This can be accomplished in many ways. For example, the partnership should look for opportunities to have researcher/practitioner/parent partners make joint presentations of the project (locally and nationally). The lines of communication must flow by use of memos and regular group meetings so that there are plenty of opportunities to emphasize team efforts and member contributions, as well as to deal with problems and issues that may arise.

In sum, partners must first honestly share fears and expectations of their prospective collaboration. This sharing should include disclosure of needs and feelings of mistrust. Out of this dialogue should come a recognition of the strengths that each partner brings to the collaboration and a commitment to cultivate these strengths. Furthermore, there must be a genuine two-way flow of information to enable partners to learn the value of each other's unique perspective and knowledge related to their joint venture. Finally, partners must together translate their trust and information exchange into useful assessment, intervention, and evaluation strategies. Establishing and maintaining effective partnerships must be an end in and of itself before it can be a means to an end for children and families in Head Start. There is no debate about the many challenges that arise in trying to establish constructive collaborations; however, the benefits accrued from such relationships far surpass the costs. Effective partnerships become a true resource for all parties involved.

Ron Herndon discussed what he sees as a problem with some traditional research designs that have been applied to low-income and minority populations. For example, he stated that frequently when research is conducted on middle-class children's behavior, the problem behaviors are often attributed to outside forces, like the school system or the child's teacher, rather than to the child or his or her family. On the other hand, he feels that research conducted on low-income children often focuses on the "pathology" of the family: their low-income status, their single parenthood, and/or their substance abuse, rather than on community indices such as availability of drugs, rate of unemployment, housing conditions, and other ramifications of poverty. In fact, he mentioned that a recent study shows that black low-income children consume less drugs and alcohol *per capita* than do their middle-class counterparts. He stressed the need for a collaborative research agenda to ensure the validity of future research on minority and low-income children and families by being more sensitive to the issues of poverty and its consequences.

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Researchers Listening to Practitioners: "What have you done for us lately?"

Chair: Ron Herndon

Presenters: Gregg Powell, Jean Childs, Jennifer Smith

At a recent meeting of recipients of Head Start research grants, the problem most frequently stated by researchers was a lack of participation in their projects by parents and/or staff from the Head Start programs being studied. This may have been surprising to the researchers, but not to those who either run the programs or serve as policymakers. Since the beginning of Head Start in 1965, research has been seen as a double-edged sword, capable of cutting both friends and foes of the program. To long-time Head Start staff, the topic of "research on Head Start" triggers memories of the Westinghouse study and evokes negative opinions. Because of research projects designed without input from the practitioners, those involved in Head Start have developed a "healthy" skepticism of research projects and their findings.

The question of how best to implement closer cooperation between researchers and practitioners was the launching point for this panel discussion. It is the opinion of many Head Start directors and staff that too much effort has been expended trying to measure efficacy, when our own experiences clearly tell us that Head Start works. Few, if any, researchers set out to determine whether college "works," but we all know intuitively that it is good. What the Head Start community needs from the research community may vary from program to program, but we all agree that what we need to know is which approach will be most effective with each Head Start family, and what can be done to further sustain the gains made by the participating children and families. The concerns of the Head Start community were presented from different perspectives. It is hoped that the dialogue that was begun will lead to a rewarding partnership in future research efforts.

Ron Herndon, President of the National Head Start Association, presented the concerns of the Association based on the results of a survey currently being completed. Greg Powell summarized previous research pitfalls and provided a model for developing closer relationships among researchers, practitioners, and program participants. A Head Start administrator and a Head Start parent discussed their specific experiences with the numerous researchers who have wanted to study their programs and provided an overview of what the families see and feel when researchers descend on local programs.

The goal of the session was to make the research community aware of the needs of the Head Start community and share perspectives on the issues that are of interest to the research community. Emphasis was placed on the diversity of Head Start programs and how they differ based on populations served and implementation of local options. Head Start programs cannot be conveniently lumped into a general research category for comparison purposes to other types of early childhood development programs. Heterogeneity is the essence of Head Start, with each program tailoring its approach to the needs of the families being served. Appreciating this heterogeneity will place researchers in a better position to assist practitioners in determining "what works" for each Head Start child and family, and how best to preserve the gains made. As a result, researchers will gain access to what Dr. Zigler claimed years ago is the "nation's early childhood laboratory."

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The Future of Head Start

Government and Early Intervention: Issues for Researchers and Policymakers

Chair/Presenter: Nancy G. Thomas *Discussant:* Wade F. Horn
Presenters: Ronald Haskins, W. Steven Barnett

Nancy G.Thomas: The new administration has brought with it renewed discussion of the plight of poor children and the federal government's role in providing assistance. Debate focuses on how to make interventions more effective and how to reach more children and families in need. Calls for "full funding" of Head Start marked the early days of the Clinton Administration, along with revitalized proposals to expand the Earned Income Tax Credit, to tighten still further child support enforcement, even to consider a child assurance benefit. But adherents of such plans were quickly brought up short by persisting political barriers and the severe fiscal constraints of deficit reduction. With wholesale expansion out of the question, the challenge then becomes how best to proceed given the realities of limited resources and the current political climate.

This symposium featured a researcher, Steven Barnett, and two Washington insiders, Ronald Haskins and Wade Horn, in a roundtable discussion of the government's present policies relevant to children and families and the question of where we go from here. The roundtable included special consideration of the role of research and information in making new child and family policy.

Some experts in the field hold that we know enough about what constitutes effective early intervention to go forward; it's only that we need more resources. Others find the existing knowledge base too inconclusive to proceed without further study. Still others envision a linkage of research and program implementation as essential to any expansion of present policy. All three participants of the symposium are highly versed in the research underpinnings of early intervention policies and addressed these positions in the course of the discussion.

W. Steven Barnett: The most complete evidence regarding the effects of preschool education on children from disadvantaged families comes from the Perry Preschool study. This study approximates a prospective randomized trial of a half-day preschool program supplemented by weekly home visits. Recently, the study completed a follow-up through age 28 with minimal attrition. The depth and duration of data collection make it possible to conduct a benefit-cost analysis that evaluates the Perry Preschool program, by education and income, as an investment by society in the development of young children whose parents were limited in their ability to invest. The experimental group consisted of 13 children who attended preschool for one school year at age 4, and 45 who attended two school years beginning at age 3. All children were from low-income, African-American families in Ypsilanti, Michigan.

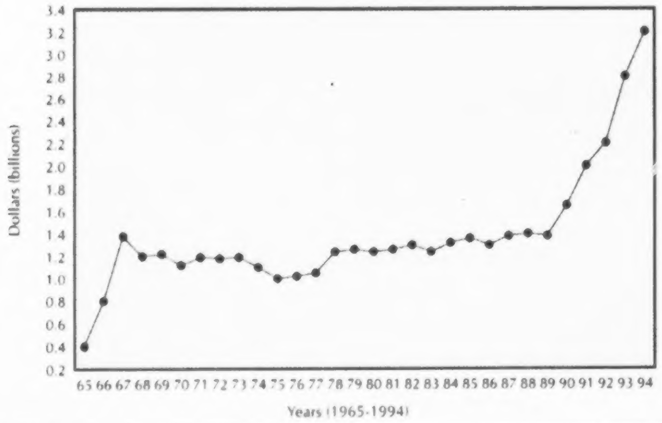
The benefit-cost analysis estimated the program's cost and benefits over the lifetimes of the study participants. Following standard procedures, all figures were adjusted for inflation (to 1992 dollars) and discounted to calculate present value. The cost of the program was roughly $7,600 per student per year, or about $12,000 per child averaging over 1- and 2-year participants and discounting at a real rate of 3%. Benefits were estimated in five categories — child care provided, education, earnings, crime and delinquency, and welfare dependency. Discounted at a real rate of 3%, benefits exceeded costs by nearly $100,000 per child. The conclusion of a positive economic return to society was quite robust, holding under a wide range of assumptions including real discount rates as high as 11%.

As this benefit-cost analysis is based on just one study, there has been some concern that the Perry Preschool study might be an isolated and unrepresentative example. However, a careful review of 22 other studies providing data on the effects of preschool programs through at least third grade reveals that the common belief that the effects of preschool education typically fade out after a few years is incorrect. All of the studies do find initial IQ effects that eventually disappear, but the overwhelming majority find significant effects on grade retention, special education, or graduation. Most (not all) find that the effect on achievement fades away, but in every case this turns out to be plausibly explained as an artifact of flawed research methods. The oft-cited Westinghouse Head Start study is among the most obvious examples; its "matched" comparison group becomes older than the Head Start group as "fade-out" occurs.

The Perry Preschool program turns out to be more typical than extreme in its results. This does not mean, however, that society should expect the same results everywhere from all programs. The results of preschool education should be expected to vary with three *interacting* elements: person, process, and context. The characteristics of the children and families served are likely to affect outcomes. Program characteristics as experienced by the child matter, even if we don't fully understand how. The Perry program was high-quality in some ways, but it did not offer the health and nutrition services, or range of parental involvement and employment opportunities, provided by Head Start. Finally, 1993 is not 1963. The quality of the subsequent education environment may matter a great deal. While special follow-on programs may be neither necessary nor generally effective, it seems reasonable that all children can benefit from good elementary schools and that preschool effects would be better sustained in rich than poor educational environments.

Ronald Haskins: People who come to Washington to lobby Congress should assume they are in a foreign country with strange and mysterious customs. Nonetheless, it is possible to provide enough information about these strange ways in a short talk to give advocates some insight into what is likely to happen to Head Start funding in the next few years and what advocates can do to influence congressional decisions on Head Start.

Figure 1
Head Start Funding in 1991 Dollars



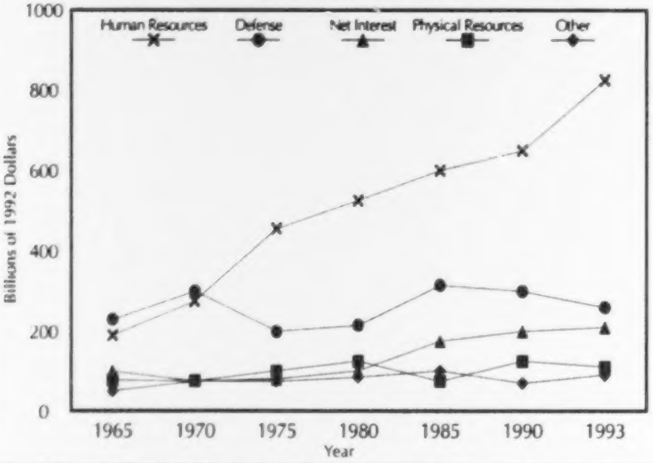
The Future of Head Start

The first valuable bit of Washington lore is to draw a clear distinction between entitlement and appropriated programs. The former are programs, like Social Security, for which annual funding is automatic once Congress has authorized the program. By contrast, appropriated programs require two separate congressional actions before money can be spent: Congress must authorize the program in a bill that establishes particulars of the program and specifies a maximum level of funding, and then each year the Appropriations committees must establish the actual level of funding, called the appropriation, for that year.

The Head Start authorization level this year is nearly $8 billion. However, the appropriation is $3.3 billion. Some say this difference shows a lack of commitment to Head Start on the part of the Congress. Nothing could be further from the truth. As shown in Figure 1, in the 21 years between 1967 and 1989, Head Start funding was more or less flat. In 1989, funding was slightly over $1.3 billion, almost exactly what it had been in 1967.

Then the famous socialist George Bush assumed the Presidency, and Head Start funding more than doubled in less than four years. This commitment to Head Start funding by President Bush is one of the reasons so many child advocates have become Republicans.

Figure 2
Federal Spending by Broad Category, 1965-1993



The Future of Head Start

President Clinton has continued the level of commitment to Head Start initiated by President Bush. Last year, Clinton recommended, and Congress approved, a $500 million increase in the Head Start appropriation. Even more impressive, Clinton's budget projections show Head Start growing by leaps and bounds, reaching the surprising sum of $6 billion in actual spending by 1997.

But it's a good bet that Head Start funding will not grow this rapidly. Here's why. First, as shown in Figure 2, the coming debate on Head Start funding will be fought during an era of unprecedented growth in social spending. By contrast with defense spending, spending on human resources programs shows no direction except up. From less than $250 billion in 1970, it rose continuously to over $800 billion in 1993, with the growth rate between 1990 and 1993 higher than at any previous time.

Figure 3
Human Resources Spending by Subcategory, 1965-1993

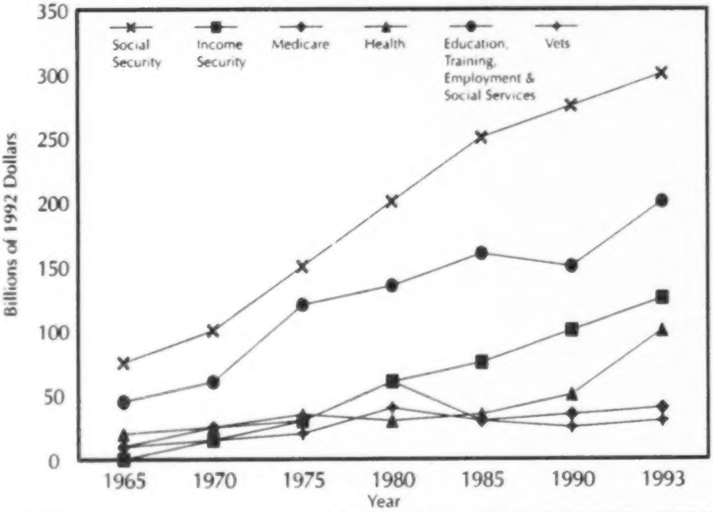


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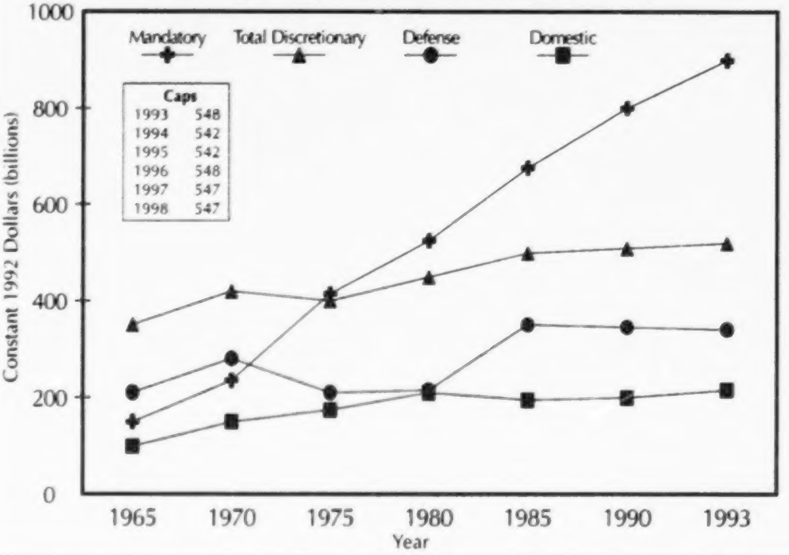
Figure 4
Federal Spending on Selected Programs, 1965-1993



Many observers claim that the increase in human resources spending was caused primarily by the growth of Social Security and Medicare. But as Figure 3 shows, most programs within the human resources category expanded dramatically after 1970, including Medicaid, housing, Food Stamps, WIC, the Earned Income Tax Credit, and Supplemental Security Income.

This growth in social spending did not come without serious unintended consequences. The single most important fact about politics on Capitol Hill in recent years is that Congress is intent on reducing the deficit caused by excess spending. Both in 1990 and 1993, Congress went through bitter partisan and within-party fights to limit the growth of spending programs, increase taxes, and create new rules that make deficit spending more difficult. Advocates need to understand both the intensity with which Congress is now attacking the deficit and the tough rules Congress has adopted to achieve this reduction.

As shown in Figure 4, one method of charting spending that Congress now uses is to divide the entire budget into just two categories. The first is mandatory spending, which comprises the entitlement programs and interest payments — the spending programs that are relatively uncontrollable. The second category, total discretionary spending, includes all the programs for which Congress must vote a specific level of funding each year. Head Start is one of these programs.

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Given the more or less uncontrollable nature of mandatory spending, to save money Congress put rigid caps on discretionary spending in the 1990 budget agreement. These caps were revised and strengthened in the 1993 agreement. Figure 4 contains surprising information about the course of federal spending as portrayed by these new budget categories. In constant dollars, total discretionary spending has hardly increased for more than a decade. As often happens with surprising information, there is a little trick here. Beginning in about 1987, Congress actually reduced defense spending in constant dollars, thereby leaving more room for domestic discretionary spending to grow and still keep the combined discretionary programs at roughly stable funding. This tendency is especially obvious in the bottom two line graphs of Figure 4 for the years 1990 to 1993.

But Congress and the President appear to be quite reluctant to cut defense spending further. If defense is not cut further, the caps will allow no room for growth in domestic discretionary spending between 1994 and 1998. Thus, given inflation, the money available to find domestic discretionary programs will actually decline each year for the next five years.

Advocates for various social groups used to implore each other not to say that program A was more important than program B and therefore that program A should enjoy increased funding. Rather, in a rich nation such as ours, there was enough money for all. But the budget rules enacted in 1990 and 1993 are completely incompatible with this advocacy strategy. For programs within the domestic discretionary category, a dollar of increased funding for program A can come only from program B (or another domestic discretionary program).

This brings us back to President Clinton's promise to double Head Start funding over the next four years. Given the extremely tight caps on domestic discretionary spending, the category within which Head Start falls, if the President is to deliver on his promise, the money will have to come from other discretionary programs. The President did manage to find the first $700 million of the promised Head Start increase in his 1995 budget, but it is not at all clear that Congress will support such a large increase. As inflation tightens the caps still further after 1995, the prospects for continued increases seem questionable at best.

Members of the Appropriations committees in the House and Senate who must make these funding decisions have been under great pressure in recent years to sustain the funding level of the many programs under their jurisdiction. To now complicate their life with demands for increased Head Start funding almost requires program advocates to tell which programs they would cut to make room for new Head Start spending. The logic of the new budget procedures is that budgeting of discretionary programs is a zero-sum game.

In order to win this game, Head Start advocates will need to rely on their old friends in Congress, supporters in the Clinton Administration, and as many new friends on Capitol Hill as they can find. They will also need to show that the Head Start programs produce significant gains in children's development and that these gains can be sustained in the public schools.

Unfortunately, this tight financial situation comes at a time of fairly widespread criticism of the Head Start program. Recent reports from the Inspector General's office at Health and Human Services found that many programs were out of compliance with federal regulations and even that some programs were reporting false information. Moreover, both members of Congress and reporters for the nation's leading newspapers are wary of the grand claims that have been made for the long-term benefits and cost saving produced by Head Start.

Given these circumstances, the first task for Head Start advocates should be to insure that existing programs meet federal guidelines. Second, advocates will need to bring as much pressure as possible on the House and Senate Appropriations committees through meetings, letter writing, and phone calls. Even with extensive activities of this type, it will be extremely difficult for Head Start to gain an ever larger share of the discretionary spending pie.

Wade F. Horn: Although Dr. Barnett may not believe that a $50 billion annual expenditure by the federal government is a lot of money, as Dr. Haskins pointed out, under the terms of the Clinton budget agreement, an increase in spending of the magnitude of $50 billion is simply not possible. Therefore, the question is no longer, "How much should be spent on Head Start," but rather, "How can we spend the money that is available for Head Start most wisely?" This latter question is the reason why a second generation of Head Start research is so important.

The first thing we must do in this second generation of Head Start research is redefine the central question. We need to shift from the overly broad, and perhaps even unanswerable, research question, "Does Head Start work," to the more complex question, "When does Head Start work, under what circumstances, and for whom?"

After redefining the central research question, we must then focus our efforts on discovering ways to overcome the "fade-out" effect. There are at least three possible solutions. One is to provide low-income children and their families with more years of a comprehensive preschool program than is typically the case with Head Start. A second possibility is to intervene with the low-income children and their families more intensively while they are in Head Start. The third possible solution is to continue Head Start-like services as low-income children and their families transition into kindergarten and the first two elementary school grades.

Fortunately, the Administration on Children, Youth and Families (ACYF) is conducting three demonstration projects that are intended to determine the effectiveness of each of these three strategies for enhancing the long-term impact of Head Start. To determine whether giving more years of service at younger ages is an effective strategy, ACYF has implemented the Comprehensive Child Development Program (CCDP). The CCDP initiative involves providing continuous and comprehensive services to low-income mothers and their infants until the child's fifth birthday. To determine whether more intensive services while in Head Start will overcome the fade-out effect, ACYF has implemented the Head Start Family Service Centers demonstration initiative. The Head Start Family Service Centers provide intensive family support services for Head Start parents, designed to help them to address problems of adult illiteracy, unemployment, and substance abuse. Finally, the Head Start Transition Demonstration Projects, which are providing follow-up services to Head Start children and families in kindergarten through second grade, are designed to test whether providing additional services after a child leaves Head Start will help mitigate against the fade-out effect.

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Each of these three demonstration efforts has an accompanying national evaluation contract in place to provide detailed process and outcome data on these two-generational approaches to the Head Start model. Thus, within a few years there will be information available as to which of these alternative models shows the most promise for ensuring that gains made by low-income children while in early intervention programs maintain over time.

We need to stop citing data about program effectiveness that is not supported by the scientific literature; there is plenty of good to say about Head Start without resorting to exaggeration or misinterpretation of the literature, and doing so only risks a public backlash against the program. And in a time of limited resources, we should continue to increase the research budget for Head Start to ensure that decisions on how to spend monies that are available are based on the best possible information.

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From Research to Practice: Informing Head Start Today and in the Future

"Conversation Hour" with: Bettye M. Caldwell, Julius Richmond, Edward Zigler, Lois-ellin Datta

Julius Richmond: I want to make a couple of very brief remarks about the early days of Head Start and research, because my fellow panelists were around during that period and have observations that they might make. Early on, we tried to pay attention to how research could inform the enterprise, and we tried to do this in a variety of ways. But conceptually, we kept thinking about research as the compass by which we could really shape the program. It provided us with directions. I would also comment that when we started, one could almost count on the fingers of one hand the number of people who were carrying on active research in relationship to early intervention programs. It is a very gratifying experience for all of us, I am sure, who were around in the early days to see over 700 people assembled in a meeting like this, talking about Head Start research — but more significantly — translating research into practice. That is what we were trying to do at that time.

There were people like the Deutsches in New York, Francis Palmer in New York, Susan Gray at Vanderbilt, Bettye Caldwell — in our group — and the Robinsons, who were working in this area. Ed [Zigler] was working at this in tandem with his work on mental retardation, and he was deeply immersed in issues related to that. I have quoted frequently from an article of Ed's (with his colleague Butterworth) about early on identifying that it wasn't simply IQ scores that we were worried about. We were really interested in the total development of the child and, particularly, motivation — that motivating children to learn was probably more important than counting IQ points — and how to do that. The whole evolution of the notion of social competence then became quite important. What I would like to suggest only is that we did try to build in research; we tried to build in ways of learning from research as we went along, in terms of the implementation of the program.

I guess we were a little bit like the anecdote I heard about Wayne Gretzky, the great hockey player. When he was asked why he scores more goals than any other hockey player in history, he said, "Well, I try to figure out where the puck's going to be." And I think that is what we were always trying to do. Where is it? I think that has characterized Head Start and the Head Start community all through the history of the program.

Lois-ellin Datta: Ed had alluded to, very movingly in many ways, the hopes that the founding parents of Head Start had for the way in which research and evaluation would feed into program improvement — that the challenges of making the programs work as well as they could would also stimulate research. He also spoke of how the Head Start research and evaluation centers had been an important part of the mechanism for making that happen.

When I joined Head Start in 1968 as a paid employee, the budget for the research and evaluation centers, and for other assorted research contracts, was roughly $8 million. I did a quick mental analysis to say, "What would that be in 1993 dollars?" The answer is, roughly, $27 million. It has given me a context for thought that might be useful.

The question I raised for myself in coming here concerned what might be the intersect between what researchers saw as the top priority needs and what we needed to learn — either for policy formulation purposes, or because that was the logic of inquiry and research from which, I think, the real breakthroughs, the real paradigm shifts, come. Is there 100% agreement — total, positive correlation — with what people who are trying to make Head Start happen in the field see as their needs for making it happen better and what the research shows? Is there 100% disagreement — total, negative correlation? Is there any kind of an overlap?

Since I did not know the extent to which, as part of the Head Start prioritizing process, anyone had, in a systematic way, asked what Head Start parents and staff thought — not what the research priority should be, but what knowledge they wanted, yearned for, to do their jobs better — I just went to the local Head Start director and asked if I could spend some time with staff, and I raised the question. I told them about this opportunity and then sat back and wrote as fast as I could.

So, I make no pretense that what I observed this morning and reported to you and will briefly summarize is anything more than $n = 1$ from one of Hawaii's eight islands, and from only one of Head Start's over 1,200 programs — hardly a sample from which this qualitative case study-oriented person would want to generalize to. However, I have been kind of struck that that overlap may be a little bit higher than I thought. The very first question out of their chute happened to be one of the very first questions out of what Ed and Mary Jo Bane talked about. Let us try to learn about some practical bread-and-butter questions in Head Start. In their case, it had to do with how you transported parents who live up no-road hills requiring 4-wheel drive to get up them. The kids go to school on horses — or go down to the bus pickup on horses. How do you get them to Head Start parent meetings without incurring liabilities? A different type of bread-and-butter question is, "How much better is half a day than a full day, or how much worse?"

The second question had to do with what research really tells us in terms of the program, the curriculum. What do we really know about what works best in what way, for which kids, under which circumstances, and if research doesn't provide definitive answers, level with us. Not a big deal. Nothing to blush about. Give us the best you have got, and then we will know with greater or less certainty.

I did distribute my list of questions that, incidentally, covered the comprehensive program. There were questions about health, lots of questions about parent involvement, questions about training, staff retention, curriculum, and the comprehensive program. Since this morning — all of about 6 hours — I find myself with a few other observations that may help continue our conversation among the panelists. The first is that there, in fact, does not seem to have been an overwhelming amount of systematic thought given to this idea. Let's get input from the program into research priorities. That has got some ramifications in terms of how you do it in a meaningful way. The extent to which the limited pie may be cut up between evaluation, between the open-ended research that is crucial to continue, and then perhaps a new category of local research. More direct thought needs to be given to this, even though it seems extremely attractive in principle. And I am a strong advocate for it.

The second observation is how much research, in fact, there already is on some relevant questions in the past — sometimes in the long past that not all of us remember, sometimes in the immediate past, and sometimes existing as research in progress being reported. That sounded to me awfully relevant to some of these questions.

We need to be extremely creative in ways of bringing knowledge to bear on them, ranging from the high-controversy, high-priority issues such as what we were talking about in an after-presentation coffee break on child testimony in child abuse cases — and its reliability — to where, perhaps, a consensus panel approach may be needed to answer different types of questions using different types of processes, even to find out what the research says and then to get the word out. I yearn to learn from you, and our panelists, I am sure, will have much more to say.

Bettye M. Caldwell: When you are approaching the dinosaur, or fossil, stage of life you find you are in sort of a yin-yang stage. I gave a talk somewhere recently where I called myself a person who can always see two sides — at least two sides of every issue. In thinking of yin and yang I noticed your sweater, which is made exactly the way they designed the yin-yang designs — you know, one color on one side, one on the other. And I found myself thinking about Head Start. Right now it is kind of at a yin-yang stage. What I mean is that it seems to me that the things Ed and Clennie [Murphy] talked about this morning, in commenting on the difficulties over the year of really taking what we know and moving ahead, are because it has been sort of a yin-yang experience — always two sides.

I wrote down a little generalization that seems to me to be very true. Maybe the group will debate it. From the standpoint of research, some of Head Start's greatest weaknesses have been some of its greatest strengths. You could turn that right around. From the standpoint of research, some of Head Start's greatest strengths have related to some of its weaknesses. Now, what do I mean by that yin-yang doubletalk? Ed reminded us from the outset that it was a two-generation program. That is very true. But what you sometimes find is that you are not able to give services equally to both and you have to make decisions. So you are sometimes vacillating toward one side, sometimes toward the other.

Head Start clearly had a comprehensive service format. The word "social competence" has been mentioned several times as one of the major goals. But health — improving health status — giving parents empowerment, helping them learn job skills, and so on were all part of the goals as originally formulated for Head Start.

So then if you talk about research, somehow they all ought to be in the evaluation process. What tended to happen — and what almost has to happen when you have so much breadth — is that you pick up one little piece and you work on this and you work on that, and it is very, very difficult to get the global picture. When you are doing research with a broad spectrum focus, you ought to expect positively accelerating effects. Ed, you referred to that this morning — that your real effects ought to be years down the line. If you help the parents, maybe it is with the next sibling that you should hope to see effects — not even with the sibling that is involved in that particular parent/child dyad program. But, of course, what happens is like what Mary Jo Bane said: the policymakers, two months after the end of your intervention, want to know "what you found." They want to know, "Does it work?" Now, funding realities demand this kind of instant effect, and that has always made for great difficulties in formulating realistic and long-lasting Head Start research programs.

I liked very much something that Clennie Murphy and Mary Jo Bane said this morning. She referred to the strategic approach, and he said we certainly need at least a 3-year cycle. If you think of the realities of doing human research, if you are really honest, you know good and well it takes you one year to get started, a second year to begin to do it right, and then if you have to tell what your effects were by the end of that time, you really are not going to do a very adequate job. We somehow have to give ourselves more time to let this spiralling demonstrate itself.

I want to mention five specific things that I think we have to do to improve Head Start research. And Lois-ellin, the first one of these I have taken from the first of the wisdom statements that you got from the Hawaii parents; that is, we do have to have research into how to reach hard-to-reach parents. It has become shibboleth that we say all these things about parents, but I think in truth we are sometimes hypocritical about it. We imply that they are out there beckoning us in, welcoming us, urging us, and the truth of the matter is that we make a lot of these home visits, and we hear them inside with the television on and they won't let us in. Right?

We also will schedule exciting events at centers. We plan for 20 and 3 show up. We send literature home, and so on. I do not need to amplify this; it is a real problem. It is related to the fact that we are delivering a product, namely, vast benefits for their children that they do not necessarily appreciate the value of, and, therefore, they do not always welcome us with open arms. It is important for programs to recognize this and for all of us somehow to learn how to do this in such a way that the parents will indeed participate and help us do what we are trying to do. I personally see that as kind of a first-level, tremendously important endeavor.

A second thing I want to mention and endorse is far down your list, Lois-ellin, but your people said they wanted more curriculum research. Yes, we do need curriculum research. Yes, we do not really know exactly what to do. My greatest fame with early Head Start is that I wrote a pamphlet for free — my typical style — that they refused to accept. Bertha Campbell's sitting here laughing. She was one of the ones who said, "For heaven's sake, don't use this!" The field of early childhood — of course there's a certain personal bitterness in this statement, you understand — has not always had what we might call a wide-open mind. But, I am not the only one who has been burned by this. There are things that are "in," and "out" things have great difficulty being accepted. We go in decades; we change our shibboleths, but they are always there. It used to be traditional program; now it's developmentally appropriate. Whatever you do, when you write a new program for Head Start, call it developmentally appropriate; don't call it daily program. The point I am making is that professionally we have crucified people who try tobe innovative. And that Head Start person who said to Lois-ellin, "We still don't really know exactly what the best way is to teach," was 100% right. Furthermore, if what I have learned in a lifetime about children is at all accurate, it seems to me to be absolutely foolish to advocate only one approach and to say that this is what we have to do. I think we desperately need some good high-quality research on that.

The third thing that I think Head Start research needs was touched upon also by Mary Jo Bane, and I like that. The way I have written it here is that Head Start has to resolve the issue of its insularity. It has been a somewhat isolated part of the early childhood world. You heard me get up and ask the question: "What steps are being taken to bring Head Start into the day care world?" Some lady came up to me and said, "I assumed you were going to get up and tell us that you are calling it 'educare.'" I said "No, I didn't get up to do that." I wanted to know what steps are being taken, because Head Start has almost boasted of its isolation.

Back seven or eight years ago, when I was President of NAEYC, I used to have a lot of Head Start people come up to me and say that they feel put down by the early childhood communities. The other teachers act as though they are better trained than they are, that their programs are better than theirs, and so on. Now, to some extent, that is the problem with the field as a whole, but it is also to some extent related to Head Start. Head Start tried to keep itself that way. I found myself saying that I love this conference — the 2nd National Head Start Research Conference. I think I would have liked it more if it had been called the 2nd National Early Childhood Research Conference, because this is where Head Start belongs and somehow we really do have to solve this insularity issue.

Now Ed mentioned — and this is an example of where I think Head Start has tried to have it both ways — that we do not have enough research on the effects of the programs on parents. The Head Start synthesis study cited 12 or 15 of these studies. Actually, we have a lot of research on the effects of parent-directed intervention. A lot of them do not get published because they produce inconclusive, or what we call "negative," results. Journal editors still do not like that.

There is a brand-new review just out by Doug Powell (published by NAEYC) on working with parents and the effects that this produces. Now, your statement is entirely — mostly — accurate if you deal with just peer programs that have been Head Start programs. The point that I am making here is that we might say, "Well, we do not really have enough research on this because all those programs that Doug Powell cites were not Head Start programs." On the other hand, when we want to, we certainly cite research that was not done under Head Start auspices as proof of the value of Head Start. The best example I can give of that is certainly the most widely cited study, the High Scope study, which was not a Head Start study and was done not with 5 year olds, but started with 3 and 4 year olds. When we want to, we say, hey, "Here's proof that Head Start works." And when we don't want to, we don't cite these things. I think the insularity was good at the time. But I think the time for it has passed, and Head Start needs to move itself out into the rest of — if you will — the intellectual community here.

I know of no group that has been more sensitive to politically correct research or doing things that are in the politically correct vein. It was important at the beginning, and it is still terribly important. I think that what I am calling "research insularity" is also there at the training level. In the local communities where I have done consulting, the teachers want to be part of the broader early childhood community. They want to be part of associations. They want the same kind of staff development, and that has not always occurred.

The fourth thing is that Head Start research does need to focus on younger children. I will be brief on it because Mary Jo Bane just said it is going to do that in the future. Julie [Richmond] and I have been working on a book, *Modern History of Early Childhood*. Ed turns them out three a year; we have been working on this one for three years and haven't gotten it out yet. I have been looking for a copy of that original so-called "white paper" that led to the development of Head Start, but I haven't been able to find it. I do remember that it referred to "the early months and years of life." The realities of starting a program means that we have to start where there wasn't anything close to where public school began. But all of the type of research evidence that was cited in support of the importance of a massive early childhood program dealt with the very early period of life. So I am just terribly gratified that this is happening.

In order to do the kind of research that Head Start and the whole child and family field needs, we have to develop some new models, and we have to demand from our statistical experts some input about how to do it in the real world of human beings who are participating in real world human service programs. I am so sick of hearing about randomized clinical trials about programs that are run for human beings, and saying, "There's no way to prove the effectiveness of something or other without a randomized clinical trial." I am at the point of saying that the ball is in your court. We cannot do randomized clinical trials in community-based Head Start programs without having an absolute revolt on the part of the people. But we have to do the research.

You find the methodological solutions that will allow us to treat humans with graciousness and kindness, to recognize their needs, to recognize that they are doing something to help us gain new information just as we are doing something for them. I feel personally that this is a big, big issue. I would like to see some kind of research forum in which we have the world's best methodologists say, "Okay, we are going to think about how you can prove effectiveness of something like this without the rigor of a randomized clinical trial, without the kind of thing you can do when you are working with rats or bacteria. We are working with human beings, and we need new methods.

Edward Zigler: I would like to start by commenting on the people who say to me that Head Start should do a randomized assignment study. First, I point out that we have a law. If you are eligible for Head Start, you get it. Can you see having poor people come to a Head Start center, flipping a coin and saying, "Hey, you're in the control group," and then defending it up on the Hill? So there is some distance, I think, between our scientific gurus and the people who are really trying to utilize research and science in programs like Head Start. I think we are a little further along than Bettye feels we are in terms of what we can do. First of all, there are problems even with random assignment — granted, it's the Cadillac model — that I don't want to go into: attrition in your control group, for instance, and on and on and on. But this is not going to be a seminar on methodology.

I think that the kind of work that Donald Campbell has done over a lifetime with quasi-experimental designs and some of the more recent work — Heather Weiss' work — on qualitative analysis is a natural for Head Start. I do not think that the problem is so much a lack of methodology. I agree: let's keep developing, but we always do anyway, no matter what anybody says. The statisticians keep doing their work. But the relationship between the Head Start community and the scientific community — and I have been in both — has not always been serene. There is a lack of courage, for one thing. I remember my friend Jim Gallagher — he's a fine researcher — saying that when he was in government, congressmen would say, "You know, what this country needs is a really good, one-armed psychologist, because you guys come up here and you always say, 'On this hand . . . but then on the other hand.'" Well, you know, we are skeptics. We train our students to not say what we know for sure. But people want answers. They want you to do the best you can at any point in time.

The word "social competence" has come up a lot today. Let me put it in an historical context. In the early days of Head Start, we had a wonderful measure, and we knew its reliability. We called it an IQ score. So Head Start very early on got captured. It didn't help when Leon Eisenberg in that very first summer found that after just 6 weeks of Head Start, children's IQs were raised 12 points. So if it's so easy to do, go ahead and do it. One of the things that I took upon myself when I became a public servant was to say, "Hey, this isn't really about IQs." I have been studying retarded people too long. You have two people with the same 70 IQ. One is a perfectly competent human being, and the other is totally dependent. But they both have the same IQ. I said, "Look, the name of this game is social competence." That's what we ought to be in the business of doing. And there is not a big difference between social competence and education readiness, really. I agree with Mary Jo Bane.

So I did what Mary Jo's going to do and what Julie did when he was a public servant. You reach out for help from your friends, from the people in the academic world. I had this notion of social competence. We gave ETS a lot of money — big, big bucks. I said, "Why don't you call together some people who are working in this area and come up with some simple measures of social competence." Social expectancy is what I had in mind. I thought I knew what I was talking about, but I wanted some people smarter than me to kind of tell me what it was, to define it.

So we had a conference — it cost a lot of money. I attended the conference because I was there to learn and I was going to use it as the ultimate criterion for the success of Head Start. It was a disaster — an absolute, total disaster. They were all very smart, and the smarter you are, the longer the list becomes. Social competence became everything and anything that any psychologist had ever studied in the history of man. I pointed out to this illustrious gathering of behavioral scientists that by the time we tested a kid on all of these measures, they would be out of college.

Literature began gearing up on social competence, but it wasn't providing the help that I needed. It is one of these cases of fools rushing in where angels fear to tread. So I wrote a paper a few years ago called, "IQ Versus Social Competence in the Assessment of Early Intervention Programs," with Penny Trickett. I came up with a theoretical model. You have to have some kind of theory. It was a kind of a twofold model, but we had four kinds of measures on it. Bettye will be happy to hear that the very first measure I put in it was health. You are not a competent human being if you are sick. You do not teach sick kids; you do not teach hungry kids.

The reason I put health first was because of the reluctance that developmentalists have in entering Julie Richmond's turf of medicine. Somehow or other, that is theirs. And health — physical well-being, nutrition — is not our concern. So I made health first. The other measures were cognitive development, including language, achievement measures, and the last, which has always been very important to me, is motivational-emotional factors. That is the difference that I found in those two 70 IQs: one terrific and one not. I think that is true of children as well. I have written many, many papers on this; I have convinced myself, anyway. I was trying to rid us of the IQ. There are some people who still think that IQ is the appropriate ultimate variable, but I do not. Think about it for a second. In the inner cities of the United States, if you took many of these children and you did not change their character structure, or their personalities or motivational structures, and you made them 10 points higher in IQ, all you would be getting is smarter crooks. Intelligence does not tell you very much about a human being — what he is going to do with his life. Is he going to be decent or not? That is one point.

I want to pick up on a comment that Lois-ellin made, and it has to do with the budget. I will talk to Mary Jo and I will continue to beat the drums. I have written several papers recently that I will be glad to send, in which I have tracked the deterioration of funds in Head Start for research. I think that Head Start, like any other for-profit enterprise, ought to have a certain amount of money for research and development. It should be a certain percentage of the budget. You are talking about a $3 billion budget. Talking about $20 million would be fairly small change in a budget of that size. We are going to have to stay on this case because you have to have money to do this kind of work. They're going to see the value of this.

There is an absolutely terrible going-over that Secretary Donna Shalala got when she went up on the Hill to testify about Head Start. She was using a $6 investment gain, a $7 investment gain, a [illegible] investment gain, and they kept pushing her on the studies. Let's talk about High Scope for a second. I am writing a paper right now; you can have an advance look. We have let Ron Haskins and Doug Besharov take the high ground on the High Scope study. The argument goes something like this: High Scope is an absolutely terrific program; Head Start is a mediocre or pale reflection of a really terrific program. And so High Scope gets all these wonderful benefits that you could track for 27 years, but you cannot generalize from that really terrific program to the mediocre program of Head Start. That's not cricket. That's Haskins' argument and Besharov's argument.

I beg to differ. Think about it for a second. High Scope is not a great program. High Scope is an antediluvian program. High Scope is a program that has one component: preschool education. That is what the area looked like before Head Start. We had several: Susan Gray, the Deutsches, on and on. That's what we thought early intervention was. The brilliance of Head Start was around two points. One, comprehensive services: health is important; mental health is important; the total development of the child is important. That is point number one. The second point is the involvement of the parent and working with the parents — the two-generation concept. That was the brilliance of Head Start. High Scope has none of that brilliance.

In the paper I am writing today in which I compare Head Start to High Scope, I will say the following. I have said this in public before; I am just writing it out. The logic goes like this: I think the educational component of High Scope is superior to most educational programs that I see within Head Start. Why shouldn't it be? They pay twice as much money as Head Start; they have M.A. level teachers. We are satisfied with a CDA in many places. My argument is — and I think it's a logical one — if we had in Head Start as good an educational component as in High Scope and also had the health features, the parental involvement features, the community investment features, it stands to reason to me that if you did a longitudinal study without their wonderful random assignment — we can't do random assignment — we would get even better results.

I also recommend to researchers a little bit of courage. There are certain things that government cannot do, but individual researchers who care can do. There is the unevenness of Head Start, which is now well documented — we have the numbers. The Inspector General at HHS has written two reports on Head Start. A lot of Head Start is terrific. Some Head Start needs improvement. Anybody in Head Start knows that. We worked hard in trying to improve the quality of Head Start.

Look, the Westinghouse Report was a disaster. The design was as follows: you take some bad centers, some good centers, and some so-so centers, you throw them all together and you look for effects. What is your treatment? You have no treatment; you have three different kinds of centers. You throw them all together, and you get very little. That is exactly what we predicted would happen.

I defy any of you who are experts to show me that one study that I have been looking for where somebody has taken high quality Head Start centers — and we all know them when we see them. We would have very high reliability; we could even use some very hard-nosed numbers to put them in categories and compare them with programs that are not very good and — I've been in some not-very-good programs. That research should have been done; the government cannot do it. And I am not sure they would even fund it because it is very hard for the government to admit that they spend any of their money badly. But those studies should be done. If we had those studies, then I would have the ammunition I need to say, "Look, don't worry about how many kids are in the program; worry about how good the program is, because a high-quality program is going to have better long-term effects than a low-quality program." We have the day care literature to show us that. I think we would find that, but it is an empirical issue, and I wish we had some data.

The Future of Head Start

I am going to quit with just one final issue. I think it is probably the issue of the future because this argument has gone on for almost 30 years about whether there are long-term effects in Head Start. I have written several papers, and my own conclusion is that if the quality of the program is high, it is fairly easy to document long-term effects. Is there some fade out? Yes. Does it all fade out? No. There is a very intriguing — I don't care if you look at the High Scope data or any other data — issue buried in these findings. Let us all, for the sake of argument, say that I am right. Good programs have long-term effects. As a developmentalist, I too am a champion of moving down to 0 to 3.

I was impressed when Bettye Caldwell and Julie Richmond were doing this in Syracuse well before Head Start. We had known that is the place to go. So we are all in agreement. I do not care what age you look at and you get those long-term effects. The central issue is what mediates those effects. Why? I do not believe in magic; you should not believe in magic. What is mediating these effects? There are three hypotheses that I would advance to you. One, we have not paid enough attention to the health issue. What could 2 or 3 sick kids in a group of 30 do to pull down scores, with how sensitive means are to extreme scores. It may well be that for every 34 kids, if 2 of them would have been sick and they had not had Head Start, that may be enough to give you the difference. That is one hypothesis.

These hypotheses are not mutually exclusive. The one that my friends at High Scope and Abecedarian seem to love I can only refer to, and I have referred to it in my writings as the "snowball hypothesis." It has a certain appeal. It goes something like this: you have a child, you do this program, you make the child somewhat better. Now he is ready for school, and he goes to kindergarten. Because he is somewhat better, got a higher IQ according to Abecedarian, or he is more competent cognitively according to High Scope — they have mastered that curriculum — the teachers interact with him better. It is interesting; after all these years, why hasn't somebody ever gone in and just looked at the observations of teachers with Head Start and non-Head Start children? That remains to be done. What would be the evidence on that hypothesis?

The kindergarten teacher makes the kid a little better yet. Now he goes to first grade, and now he is even better than he was when he got to kindergarten. The first grade teacher likes the child and spends more time with him. You get this snowball effect so that by the time you see these children at 20-some, they are better. That is the snowball hypothesis.

The third hypothesis is one that has been championed not only by the recent review by Doug Powell but by an earlier review by Victoria Seitz. It may have nothing to do with what happened to the child at all. If you could get parents heavily involved in your program, and you make that parent a more optimal socializer of her child, that parent is going to be there day in and day out over the formative years of the child. That may be where the results are coming from. There is beginning to be a little evidence supporting the parent hypothesis — as I say, these hypotheses are not mutually exclusive. If we could figure out what is mediating these effects, then we would be in a position to say, "Hey, which of these components is more effective?" It is harder to get parents involved, but if the parent hypothesis turns out to be the correct one, then Bettye Caldwell's remarks say, "Hey, I don't care how hard it is to get the parents — pay them — to come to your program." Do whatever it takes; find new models. There are people working today on developing new models for getting parents involved.

Bettye is right; it has become more difficult. The parents are younger, there is more violence. It is tougher, but if it turns out that it was your magic curriculum, then it doesn't make much difference anyway. But if it turns out it is the parents, then you bet it tells you where to put your effort. I think I have had my say.

Audience Questions and Comments

Question: What do you, as national Head Start as opposed to local Head Start, do to encourage the directors of the local programs to be open to researchers wanting to come in? I tried to do research, but it was near impossible, and I knew that I could not do a randomized study. I wanted to study basic developmental issues and was told that I couldn't because it had to have an evaluation component; they needed something out of it. I said, "Okay, I need a control group." They said I couldn't randomize, and I knew that. I found another Head Start program that was willing to participate, and they had a different service delivery model. They got together and talked about it and decided against it because they might find that one program is better than the other, and they certainly would not want that information.

Bettye Caldwell: That is partly what I meant by insularity. People need to realize that Head Start directors and the boards that control them are often very resistant to letting any research be done — you know, Ed, the study that you mentioned of observing "a good Head Start program and a poor one." It is political dynamite to try to do that kind of thing in the same city. It's a very, very big issue. I know that the Little Rock Head Start has had a lot of problems with sponsorship, not with researchers. They have gone through three different community groups that have sponsored them, and there were battles, to some extent, as to which one was going to do it. During that time, they were absolutely closed to any kind of research except that which was mandated by the national office. There are other communities that have that as a problem.

Lois-ellin Datta: What I saw in this community was a hunger for knowledge that they felt they needed to do their jobs better. One could "blue sky" a number of possibilities; I will mention just one. Out of 1,200 Head Start programs, I bet each year there are at least 1,000 where the directors and the staff have some questions where they honestly feel they want some information that, in fact, isn't currently available in research. Electronically it is not hard to collect that information, and I can imagine each year researchers saying, "Gee, here's a question I've got; let's do a little electronic matchmaking." In this day and age and in this world, one can imagine making matches.

One could imagine a number of methodological issues such as this where with a little brainstorming, a little creativity, a little bit of what we have learned as a collective about working together with communities, we could think of some plausible ways to do this — not that they would be easy. I do not want to sound like I am being glib or offering a panacea, but when I felt this yearning for knowledge from at least one Head Start, and I bet it is not the only one — I am sure that it would like to be married to a researcher who would be interested in that community's questions.

Edward Zigler: Looking at this historically, you make one clear point. There is variation in Head Start; it is not a homogeneous entity in this country. You will find one that will let you in; you will find others that will not. Half the work that goes into a study today is getting the subjects. This is true of the schools, not just Head Start. It is just harder than it ever was. But let me tell you something; this country has a history of racism. There is a lot of concern where we bump into Head Start, especially since a lot of Head Start are minority individuals. You work long and hard and you want to help mankind — that is great. But people at the local level have a different set of concerns. They see you publishing and getting ahead and doing your thing, and they see their children being used as guinea pigs. I think there is right on both sides of this issue. I think you have to develop a relationship with people with whom you work, you have to be sensitive to their concerns and needs, and you have to give something back.

Somebody said this a minute ago, and I will conclude on this point. It may not be your research that they want. They have a thousand questions — they have a kid in their class who is troubled — how do you help with a situation of that kind? If you really roll up your sleeves and form a partnership so that you are trusted and known, and you are willing to give as much as you get, then I think you would have a lot better luck doing your work.

Julius Richmond: I cannot help but just take a moment to add one comment to the responses to your question and comment. In the early days, we tried to establish what would be an important part of the kind of interchange we are talking about between the research community and the programs, and that was to try to institutionalize this so that there would be a sense of trust on both sides and to do this through something that Ed commented on this morning in his remarks — all too briefly — and that is the establishment of regional centers. He called for their re-establishment. Basically, what we had were regional training offices located in academic communities — responsible for maintaining contact first in relationship to training and second in relationship to research, so that there was a trade-off and the hope was that through continuing contact between the institutions of higher education and the programs and the mutual benefits that would ensue from that, one could then have entree into programs, again in an effort to not only answer the questions that we wanted, but also to be helpful to the operating programs in terms of the questions they wanted answered.

Comment: One of the things that I see in the Head Start agency where I work as a training coordinator is a real focus on being in compliance and this great check-list that always has to be completed. It seems like the people in the program are so worried about compliance issues that it is hard for them to see a bigger picture of quality and to step back and say, "Yes, we really do want to investigate."

Edward Zigler: We have been wrestling with that on this committee that is in progress. We are trying to find some middle ground. There are realities, and you might as well face up to them. We are spending $3 billion a year in Head Start, and Congress expects somebody to go up and testify and be accountable. We want to be in a position to give them evidence that programs are good. But many of us are concerned about how this has evolved in the direction of red tape and overdoing it. If you have 200-some performance competencies that you are going to be graded on — that is just too many. One of the things that we kept speaking to during the course of the meetings — and maybe Julie would like to expand on it — is that things have changed in Head Start. There has been a deterioration of the relationship between the regional office and the local grantees, in my opinion. In the '70s, when I was responsible for Head Start, we tried to get collegiality. The notion was that these weren't just people who were coming down to see if you were meeting the performance standards; they were there as your colleagues to help you mount as good a program as possible. Over the course of the years, as travel money dried up, as the staffs got thinner and thinner, it became a very adversarial relationship. If we could ever get back to the collegial relationship that we once had between the regional office and the local grantees, I think that would be a step in the right direction.

Julius Richmond: I think that in all of the service programs that are federally supported — not just Head Start — we have seen the same kind of thing: a proliferation of reporting requirements and a proliferation of eligibility requirements to get into not just Head Start, but into WIC and all of the relevant programs — to the point of dysfunctionality. And this is what you are identifying; that is, that the paperwork takes far too much time. Incidentally, the health care system in which I work primarily is so overburdened with this that even in the private sector, it is said that 25% of the expenditures go for the management of the programs in an effort to try to contain costs!

What we need to do, however, is to find better ways and to be convincing about this. The historical dimension that Ed alludes to is extremely important. When you had regional offices that were well-supported and regional officers who knew about programs, we depended on the interactions. And for those of us who have looked at the quality of programs over the years, we know that somebody who is competent coming into a center can identify much more than any paper-reporting requirements will provide. Nonetheless, we have been through a period not only of cost containment in connection with all of these programs, but also of a lack of support of social science research and data collection generally. And our programs have suffered. Now what we need to do is to re-establish more rational methods of dealing with these programs, but there is no simple way. I would just mention that the foundations have picked up on this. Some of you may be familiar with the Pew Charitable Trust developing a three-state program in which — because of the fragmentation of programs to provide for families at risk — they now are trying to use the waiver pattern of cutting across the multiple reporting requirements so that some of these programs can operate more simply and more effectively and, more significantly, deal with the real problems that people have, rather than with the reporting requirements.

I would just add one comment. When you look at the Inspector General's reports, it just boggles the mind that anybody would think that what they have done in those reports will contribute in any really effective way to improving programs. You know, it is just impossible.

Comment: There are a couple things I would like to say. First, I like very much the idea of doing research on what makes "likable" children. That is a term we can all get our hands on. It sounds a little bit more friendly than social competency. The second thing I would like to say is that we serve 1,200 children, and I do not know whether you realize it or not, but Head Start's staffs are almost — and perhaps equally — as stressed as the parents are. The things that we are being asked to do these days are very complex and very difficult. We are asking our staff to do some things in relationship to parents that I think are wonderful. We are using terms like "empowerment" and "family support models," and we are all behind that. But we have to help staff to understand as individuals what it feels like to empower someone. It is an old principle, but I do not think you can expect a staff person to help to empower another person until they feel empowered themselves. I would like to suggest a research question: What is it about an organization that supports throughout the organization the principles that they espouse? My guess is that that may be central to what creates the effects you are after.

Comment: The panel and the research that is going on and being fed into the committee as it relates to the committee's mission, as I understood it, was to deal with quality issues of Head Start, a lot of which you all know from experience. I am wondering how we can talk about quality issues in Head Start when Head Start may be diluted by things like infant/toddler programs or day care. When the article came out in the newspaper about Head Start doing infant/toddler programs — it was not clearly stated, but that is the way it read — I got five calls before nine o'clock about how to get some of the money that is being proposed for infant/toddler programs. I think that the committee and its recommendations have to be very clear. Researchers have to be very clear about what they are talking about in terms of quality of services to children and families in Head Start programs with the notion of dilution that's going on.

Edward Zigler: Let me try to respond. First of all, put everything in context. What is Head Start? To most people, and certainly to you, Head Start is a program of a certain kind. Head Start has an illustrious history of being more than just a service program for children 3 to 5 who are below the poverty line. Head Start, from its inception, has been a national laboratory in which we have tried new models, in which we have done things to impact not only poor children, but all children. Let's go through the list. We developed — within the Head Start rubric — Home Start because of poor, rural children in particular. We developed the Child and Family Resource Program; we developed the CDA so that it wasn't just how many courses you have had, but do you have competencies to work in Head Start? There are about 60,000 CDAs now in Head Start.

Today we heard Mary Jo Bane, who is going to be in charge. The 0 to 3 piece is in that national laboratory mode. It is not going to water down Head Start. What is going to happen is that right now we are already spending a lot of money on 0 to 3. We have the Parent and Child Center money, and we have the 0 to 3 piece in Indian and migrant programs. It is time to pull all of the pieces together, take a very good look, and put into place in this country a model program. Mary Jo said today that it is going to be done slowly and done very well.

What I am selling up on the Hill is, "It's time." One thing we have learned is that if you want to help poor children, we now know enough not to wait for these children to be 3 years old. I do not want to hurt 3s to 5s. What I see eventually is interfacing programs: a program for 0 to 3, a preschool program, and then following those children with a transition project right into the school. When I invented the Child and Family Resource Program with colleagues like Lois-ellin, we envisioned a variety of services for children 0 to 8.

So I would not get too angry about the 0 to 3. It is one more item in an effort to sensitize people about what children are all about. The fact is, 0 to 3 day care in America is atrocious. If Head Start would do nothing more than show people what a really good 0 to 3 model looks like, it would do for 0 to 3 what you have done to sensitize children about the importance of the preschool period. Now it's time to do that. But I see a circumscribed demonstration project done slowly, within the national laboratory concept of Head Start. So it is not going to dilute Head Start very much. You are talking about a budget of $3 billion, and if you put in the Parent and Child Center money, you are probably talking $50 to $75 million, which is not in that overall budget going to dilute very much.

Bettye M. Caldwell: I want to comment on the infant/toddler question, and also say that Head Start, more than any other early childhood program, has sold America on the value of early childhood services. For that we should be so incredibly grateful to it. As a consequence, more and more programs are available that essentially cover what was originally almost exclusively the Head Start domain. At the time of the first Head Start, only 60% of America even had public school kindergartens. The first year, a lot of Head Start was for children who were going into first grade. Now every state in the union offers public school kindergartens. It is not mandatory yet in most states. There are Chapter 1 programs and there are all sorts of other programs such as Even Start — that is, under the Department of Education.

There is the new version under the block grant of what used to be called Title XX Day Care that serves children in that age range. When that figure is quoted, I think it is now customary to say only one third of eligible Head Start children are served; a lot of those not served are in other programs. The biggest area of unmet need for such programs in America now is for younger children. There is a staggering statistic in the 1990 census: 52% of mothers of children under one are now in the workforce. And somebody tells me that in a follow-up, one of those midterm surveys, that figure is now 54% — more than half.

We know that in Wisconsin they have a Workfare program mandating that mothers either work or go to school. If we do not develop a national program of quality programs for infants and toddlers, what will occur is the same thing that Julius Richmond and I noted 30 years ago in Syracuse. There was an underground of infant/toddler programs that were of extremely poor quality, totally unsupervised, with no training provided. One of the blessings that Head Start can do for infants and toddlers is to endorse this period, and it will then — if nothing else — say to society that this is also something important that we need to be looking at. I do not want to see the other programs suffer by any means, but I feel that it would be extremely beneficial to children and to the overall endorsement of such programs to have Head Start give some attention to infants and toddlers.

Julius Richmond: I would just add one very brief comment. While there is great concern, we must remember, first of all, it is not totally novel for Head Start to be thinking about this. As Ed has pointed out, there have been some efforts in this direction. The Parent and Child Centers under Head Start auspices now serve 18,000 children. So there is some experience.

The major emphasis coming out of the committee — certainly Ed has suggested very strongly within the committee — is that we begin to plan for ways in which to develop a more coherent and effective program for the under-3 children in this country. It is a great deficit in terms of services that families in this country need. We have to begin to think of some kind of orderly planning process that would move us forward from where we are.

Comment: I come from the health sector, from public health nursing, and we certainly are in a position to help around parent/infant dyads. I think a lot of times Head Start staff are asked to take on more and more children with no resources. There was a terrible wave of that at the end of the last administration. The staff is so underpaid and they are totally overwhelmed. The incentives in research are not toward helping programs thrive and grow and improve. I mean, that is what we want; those are our ideals, but those are not the incentives. That is not how the researchers are rewarded. I do not know how the public servants like yourselves, who have been in both shoes, can really promote that. But if you just even look at the people at this conference, you can see that they do not represent the Head Start constituency in any way and that the incentives are in conflicting directions. We do not know how to reconcile that.

Bettye M. Caldwell: I want to build on what you said. You know, I have written a lot of articles talking about the false dichotomy between early childhood education and day care, urging each to recognize that they really are part of the same domain, which as I said, I have called "educare." If you think Head Start people are underpaid, look at the salaries of people in child care, particularly the ones who work with infants and toddlers. And look at their training. It is truly a national disgrace. I am reasonably certain that in this alliance, day care will see itself as moving up; it will not see itself as moving down. I do not agree with Ed that infant day care is all bad; there are some beautiful day care centers out there that are for very young children, but the area has been neglected. There is still an attitude on the part of many legislators that it is just babysitting, that we are warehousing these children. We will not solve any of these service problems until we get those salaries up. In child care programs throughout America, the bulk of the care comes from hourly workers who make, on the average, $4.50 an hour. This is one of the reasons that no matter what you think — and as Mary Jo said, we Head Start people look askance at educators — people working in those jobs are happy to be endorsed by education because at the outset they will make $5,000 a year more on that salary schedule. And we have to face that. It is an absolutely terrible trap that we have left.

A couple of years ago I went as part of a group that the French America Foundation sent to look at child care in France. I do not know if you have seen our little book called *A Welcome for Every Child.* They have a system; we still have a patchwork. But it is interesting that their most impressive programs are for infants and toddlers. It is not necessarily because they are so much dramatically better than ours, but because they have paid attention to them. They have developed a training program that is mandated for the people who offer the services, and they are all linked into the health care program with a pediatrician supervising ever so many on an actual ratio basis. It seems to me that this is one of the advantages of the comprehensive philosophy of Head Start. It will say we have to stop allowing ourselves to think that infant child care is just babysitting and warehousing.

Comment: I hope as we move into programs that serve infants and toddlers, we will not see that as just a separate age range. I hope that we will begin thinking more about family groupings, which are much more natural groupings, and that Head Start nationally would give us the resources and the training and the ideas about how to provide early childhood education for children of mixed ages. It is much, much easier on any educator or child care provider to have a group of mixed ages than to have a group of 6-month-old infants.

Comment: For the last 21 years, I have worked on the Abecedarian Study. I would like to agree with Dr. Zigler's comment that perhaps what we found was that the snowball effect works. Our data indicate that that snowball is rolling on the foundation of the family and what the family contributes to the child. We have not replaced that. If the Abecedarian Study shows anything, I think it shows the importance of the very early environment, because what that mimics, really, is what happens to anybody who goes into early day care.

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The Future of Head Start

Minority Scholars' Perspective on Evaluation Implementation in Head Start

Chair: Ura Jean Oyemade-Bailey
Presenters: Diana T. Slaughter-Defoe, Luis M. Laosa, Ethel H. Hall, Margaret Beale Spencer, Sadie Grimmett

Ura Jean Oyemade-Bailey: The Minority Scholars who are involved in Head Start research are a group of individuals who got together first in 1983 with support from the Administration for Children, Youth and Families (ACYF). Clennie Murphy was then the Head Start director, and Trellis Waxler was the staff person who worked with us. Valora Washington, who was at Howard at the time, and I were the conveners of the conference. We thought that it was very important, given the large minority representation in Head Start, that more minority scholars, particularly Hispanics, Asians, and African Americans, get together to talk about our perspectives on research issues. As many of you may know, there were very few minorities involved in the conceptualization of the Head Start program and in conducting research over the years.

We were dissatisfied with the research that was coming out, as well as with some of the programmatic aspects, so we convened a small group to begin to talk about how we could make a stronger and more coherent contribution to Head Start in a collaborative way. We made several recommendations, including that we should continue to meet together. As a result, we have been meeting biannually since 1983.

We have also engaged in a number of national-level collaborative research studies. Several of us have published papers related to Head Start. In addition, we have participated in many of the activities of ACYF since that time. For example, Luis Laosa and Diana Slaughter-Defoe participated in the evaluation panel that developed *Head Start Research and Evaluation: A Blueprint for the Future*, to which we are responding today. In addition, several people served on advisory committees for some of the national evaluation programs. Diana Slaughter-Defoe and Valora Washington have been members of the National Advisory Committee on Head Start Expansion that was recently convened by the Secretary of Health and Human Services. We have been active, but we still feel the need to take a more proactive stance and continue to express our views about different issues from our perspective as people of color. It is in that context that we are convening this panel.

The Administration has changed since the submission of this symposium proposal, as you know. As a result, the panel that we were going to respond to — the Advisory Panel for Implementing the Blueprint — has now been disbanded. Therefore, we will be doing two things. First, we will give you an historical perspective on evaluation, including the *Blueprint* and the implementation in Head Start. That will be done by Diana Slaughter-Defoe and Luis Laosa since they participated in those efforts. Then we will give you what we are calling "Minority Perspectives" on the implementation of research and evaluation in the Head Start community. After that, Ethel Hall, who is a practitioner, will present her perspectives on issues related to the Head Start partnership between practitioners and evaluators in the implementation and issues of concern, particularly to minorities. Lastly, we will respond to those issues in terms of how we think they should impact on research related to minorities.

The Future of Head Start

Diana T. Slaughter-Defoe: I believe it was in 1989 that an initial *Blueprint* panel was set up by the former commissioner of ACYF, Wade Horn. Luis Laosa and I were 2 of about 15 or so members. That first panel came forward with two important research recommendations. The first recommendation was that Head Start research and evaluation planning should be organized around two principle questions. The first question is "Which Head Start practices maximize benefits for children and families with different characteristics and under what types of circumstances?" The second question is "How are gains sustained for children and families after the Head Start experience?"

The remainder of this report discusses how these questions might be handled relative to research paradigms, procedures, operations, principles, and the like. The report was very favorably received by the former commissioner and his staff. Since staff were present at our deliberations, a number of ideas then went forward about possible projects they might encourage, even before the report itself came out.

The second recommendation that was made by the *Blueprint* panel was that an implementation panel be formed to ensure that some of the good ideas in the report actually went into practice. Luis Laosa and I then had the privilege of serving on that implementation panel.

Luis M. Laosa: First of all, I would like to congratulate ACYF for its strong leadership in research and for the vigorous research agenda that it has been developing and implementing. The importance of the *Head Start Research and Evaluation: A Blueprint for the Future* report lies mainly, in my view, in the conceptual breakthrough that it represents in how we think about evaluation research. It refocused the questions being asked from whether or not Head Start works to questions about which programs or which kinds of services work best with which particular populations.

The implementation panel, in turn, outlined a series of studies that would address some of these issues. Among them is the bilingual, multicultural descriptive study that attempts to provide a descriptive view of the actual diversity within Head Start centers and the needs of various populations. The Panel also recommended the creation of a coherent research agenda that would include a series of research centers allowing for the ongoing, systematic conduct of research and evaluation, thus moving away from one-shot RFP-type studies. I am extremely pleased to see that many of these recommendations, although not all, have been carried out by ACYF.

Ethel H. Hall: As a minority who has been involved in higher education for the past 20 years, as a person who became very concerned about what was happening in implementation and had never been in politics as such, and as one who did not consider herself a politician, I offered myself for membership on the state board of education and was elected. I am now serving my second term, my 7th year, as a member of the Alabama State Board of Education. At the time I went on the board, we had no minorities to serve in policymaking capacities.

I want to talk about my perspectives as a social work practitioner and as a person who has taught at both the graduate and the undergraduate level to train persons to work with low-income families. Then I will take a look at policy and what it means to be on that end. Two years ago, I welcomed the opportunity to become the director for the Head Start Transition project, because when the first antipoverty programs were implemented in Jefferson County, in Birmingham, I became the director of one of those programs — then I went from there into higher education. To my surprise, I have not seen a lot of changes in some places. I consider myself one who uses research as a means to an end, not as an end in itself. Therefore, as director of the Transition project, I expected to go into a program and emphasize program implementation. We would then evaluate those things that we had done in order to determine their effectiveness. To my surprise, I found just the opposite taking place.

Maybe I need to give a little background for the benefit of those of you who may not be involved in Head Start Transition. ACYF funded 32 projects in the country; so you see, every state did not get one. These were to have been funded competitively from the RFP. Each of the projects was to have an evaluation component that was connected with a university. Civitan International received the grant for the national evaluation of the 32 projects. Each project was supposed to be steered by the guidelines in the RFP. However, I have found that over the nation, each project may be implemented just a little bit differently, and some of them may have even forgotten the RFP.

Let me briefly review some of the concepts that are involved in the Transition project. First of all there, there was a hypothesis that the environment of the family, child, and school can be altered in ways to improve significantly the outcomes for children and families. It was further believed that the family unit must be served in a comprehensive manner if it is to be strengthened. That leads me to believe that you are going to be doing something to evaluate it, rather than developing all of the evaluation instruments and then developing the program to fit the evaluation!

The purpose of this national study is to identify, better understand, and document the multiple influences that have positive effects on children and families through the following four categories: a developmentally appropriate curriculum, or developmentally appropriate practices; supportive social services; parent involvement programs and activities; and health services. Every program was to have this, but not only that — every program was also to have had a research design consisting of a comparison group and an experimental group, and these groups were to have been randomly selected from a target population in the geographic location that had been accepted.

Because this was a pilot demonstration project, we would have expected that some situations would develop that we might need to change; we might need to start over and redo some things! Many of these questions have been resolved with the evaluators coming together with program people, but I felt early on that if this program was to be effective, if it was to meet the purposes for which it was intended and for which all of this money was being spent, there needed to be an evaluation that dealt with change in families (and I really was left a little pessimistic after the morning session with one of the discussions that showed that families change very little). I felt that our project needed a component that would actually evaluate the program activities. I found that what we were doing with our evaluators was more or less evaluating cognitive changes in the children, developmental changes that could be identified at school, and changes in attitudes of teachers and principals, but doing nothing that really got to process in terms of how families actually changed in terms of the number of contacts that were made, the number of referrals to social services, or in terms of whether there had been skill training or basic education training. So we built this in.

Now this is where I have some concerns. Will there be sufficient involvement by those who are collecting the data — these are the evaluators — and sufficient knowledge and involvement with the families to place more than one interpretation on the data, or will we actually have a number of generalizations about things when we have been far removed from the people? My other concern is whether we have enough people who understand the people who are in the target population involved in the evaluation. I might as well call a "spade" a "spade" here. I have gone back to my directory, which we received at the first meeting here in Washington two and a half years ago: 3 of the 32 projects have black individuals involved with the evaluation component. I am not one who believes that we cannot be sensitive to other folks' situations, but if we are afraid to go into the communities and afraid to talk to the people, we may attach the wrong interpretation to our data.

Another concern I am going to leave in the form of a question: would the inclusion of more minority evaluators and researchers enhance the interpretation of the data? Is there sufficient knowledge of the subjects who are involved in these 32 projects for us to validly interpret the data?

I will give you one example of what I mean. We talk about all of these single female heads-of-households: we have found that the majority, 75%, of the heads-of-households of the children in the study, the experimental group, have been married or divorced. That was surprising to me. We also found that 50% were between the ages of 24 and 39. That was surprising to me. But looking further at the data, we found that about half of the fathers were between 24 and 39, but 34% of them fell between 40 and 50 plus. My first reaction was, "Hmmm. . . are these older men fathering these children?" Then I started talking to the actual population and discovered that that was not the case at all. What we had discovered was that these women were calling the men they had married, or who were their companions, the fathers of the children; and these were the people who were able to support them. They had assumed the father role in this household, but they were not actually the biological father.

So in the write-up of these data, this is going to take on a different meaning than if I had said that these girls are running around with these older men, and they are the ones who are fathering the children. So that is what I meant about interpreting what you get in more than one way. These are things that our evaluators are not looking at.

Margaret Beale Spencer: I would like to respond to some of the issues raised by Ethel Hall by, first of all, sharing what I think are a few of the many principles that should guide what we do relative to evaluation and basic research activities. The first thing, of course, is this issue about expecting to find change in families without really looking at them, without even being in neighborhoods. For me this has to do with the continuing problem of doing noncontextual research. Somehow we assume, still in 1993, that children function in a vacuum outside of the immediate family. Yes, there is a need to take a developmental perspective, but we also have to consider the development status of parents who serve as socializing agents. Just because you are poor does not mean that you have a 40-hour day; there are constraints in the environment that interfere with what goes on there! If you look only at outcomes, you are going to miss other process variables that should be considered in the context of what parents are dealing with in neighborhoods.

I want to go through these guiding principles and then share some of the data that we have been collecting. Initially, like my colleagues, I started out with Head Start-aged children, but I have continued with my kids into adolescence. What I have done is use current adolescent data with the same themes explored during the Head Start years. I wanted to understand why we are seeing certain themes hit the newspapers every night that are blamed on either the lack of Head Start's long-term positive effects or the lack of effectiveness of parenting by minority parents.

I had to go back and focus on basic developmental issues that are particularly important for minority youth. For example, for African-American males, it is important to talk about basic sex-role themes, because black male youth share with all males globally the expectation for instrumentality. So what happens when legitimate methods for expressing instrumentality are blocked? What kind of coping strategies, in the context of the family and the neighborhood, and in society more generally, do these boys take on? We see it on the evening news.

We must understand how normal developmental processes are challenged, given these broader social issues. For example, is the issue just to hire more cops to contain neighborhoods where families are parenting, or is the object to bring police officers as partners, not keepers, into the community? What is the impact on what parents do and how they do it, given their finite psychic energy? Implementation programs should introduce content areas that afford knowledge about self-sufficiency in the community — for example, self-sufficiency relative to one's own personhood. That means how to protect one's own psychological well-being while also maximizing available energy for supporting children's development and well-being. These mothers are doing an incredible number of things at the same time, and when you are doing that, you are using up all your psychic energy just trying to put out fires all at the same time, as opposed to more advantaged parents, who can do things more sequentially: first a, then b, and then c. You are dealing with a very hostile environment; you are dealing with lots of stresses. It means, in essence, that one's own affective needs are put on the back burner, but yet they are not. And the evaluators are not sensitive to this. It's part of the problem that Ethel Hall was talking about.

Another guiding principle should be that program evaluations include variables that speak to Head Start parent empowerment. For example, do you, as the parent, know how to stop research evaluation activities that you do not agree with or do not understand? Do you know how the research evaluation activities will benefit your community and local schools, as well as the actual program, or do you know and do you agree with how the quality of life experienced by you and your children in Head Start is represented in the research or evaluation? Are the actual experiences of you and your children being evaluated, or are the enhanced difficulties of childrearing under hostile local conditions evident in the research and evaluation proposed?

People should accrue work opportunities from evaluation research projects. If researchers and evaluators are making money through building infrastructure and support, then I should think that a community should also accrue some benefits from all the money that is being spent. For example, have people whom you know and respect from the community actually obtained work or accrued some benefits or opportunities such as advisory or monitoring opportunities and experiences that were not in place before?

What are the opportunities for obtaining proactive and deep structural knowledge of cultural heritage, essential for mental health, effective coping, and positive academic outcomes? That is one of the themes that I follow from the Head Start years to adolescence — that is, mouthing off about multiculturalism without knowing that your program is giving children deep structural understanding and appreciation and valuing of their own group and other groups.

Now I would like to go back to the first guiding principle, the issue of context. It is a big thing right now to talk about violence. What we are doing is looking at the violence and aggression characteristics actually experienced by the neighborhood. Does your neighborhood have recreational facilities that provide kids a safe environment? If you don't, they demonstrate aggression and violence instead, but the conclusions are that the violent tendencies are somehow lodged within the kid, within the family, and not nested in these larger characteristics. These issues of experienced violence and aggression that are linked to the structural characteristics of neighborhoods are important. We have data on adolescents' experience of violence and aggression by gender, as a function of the adjudication experience — youth reporting having had a probation officer, being in front of the judge, that is, having had some adjudication experience. Although for females it is not significant, there is a trend for male adolescents who have experienced more violence and aggression to have had more adjudication experience.

Next let us look at context as being higher or lower in violence, and also at academic reform, which we always look at rather narrowly, and at stress level. When you are poor, things happen to you — mothers are putting out fires all the time! In a low-violence context, as you increase stress, the performance on an academic measure, the Iowa, goes up to a certain point, and then you see a decrease. So it is important to get a handle on the cumulative stress that these children are experiencing from low to high, and also on the level of violence of the actual context. For those children in a high-violence context, the pattern is much more disturbing.

Researchers are using the Achenbach youth self-report measure, and there are two scores: an externalization score, which speaks to conduct disorder, and an internalization score. Again, all families have normal conflicts, but what happens when you have a young African-American son who may see his opportunities blocked and might demonstrate what we are calling a "reactive machoism." "If I cannot show you my instrumentality in more productive ways, I will cope by showing you my manhood in other ways." What we see here is that those youths who are high in machoism and are also experiencing high family conflict are the ones who are showing more conduct disorders. What it says is that you really do need family support, but you also need ways for these young fellows to demonstrate manhood in more productive ways.

Next let us look at conduct disorder in machoism and also in violence context. The data are very similar to family conflict: those boys who are much more reactive in terms of coping and showing machoism are the same boys who would be rated as demonstrating more conduct disorder. So these data are very similar to the family conflict data, but you can see the importance of considering context.

Now why is this issue of machoism as a way of responding to normal sexual issues important? It is important because if your opportunities as a male are blocked — and on this planet, every society except two values the male role more — what are you to do? In terms of machoism, it is really interesting that those who show higher macho levels are also the guys who have had more adjudicating experience. The girls, on the other hand, are not rating their own machoism; they are rating how they view their male peers in terms of this reactive sex role-related style. The major difference here is that girls view males as over the edge. Our data are not different from data that my colleague Ranier Solarizen has on German youth following the unification of Germany, given constraints on the expression of instrumentality. His boys look like my boys in terms of coping and macho orientation, and the girls respond rather similarly.

We have been thinking about cultural identity in a rather narrow way. What we are finding in our research is that there is what I call "Eurocentric cultural identity," but there is also an "Afrocentric identity" that is really reactive. You see these young guys on the street, or you see them in a nursery school with Xs on their hats, big Xs on their chest, and they haven't the foggiest idea about what that means in terms of deep structure cultural understanding of a group.

These are consistent themes that we are seeing in terms of identity, which we know theoretically is very fundamental for competence. Identity processes are central for the expression of confidence. Thwarting opportunities for kids to have a sense of themselves in terms of gender, in terms of race, and in terms of class undermines the more global sense of self or ego-identity processes. We are going to have to be very careful about reporting the outcomes, since this is sensitive data. What I am saying is that we can do better. This is 1993, and if we don't do better, I can only say that no one is in support of abuse, but this may be interpretable as scholarly abuse.

Sadie Grimmett: I am going to start responding first by saying we know that Head Start-like programs work. We do not necessarily know why they work, but the kids who go to them turn out well. There has just been a recent study of the Perry Preschool Project. The children are now 27 years old. Some of them are marrying and having children of their own. That study was done on an experimental design, so they had a contrast group and an experimental group. And they have turned out fine! The experimental group is doing much better than the contrast group, but not on the things that we rush around and measure in schools. If you rushed in and gave them an achievement test, they probably wouldn't do better. But those in the experimental group had figured out how to get better jobs and had married at higher rates, so they were having two sources of income for their families. They have done okay. So we do not have to ask that question any longer. My basic argument is that we don't have to ask if Head Start works!

We now need to move on to talking about some issues that can help us understand development. It is amazing that we still think of the family as a static unit. Families change; they don't stay the same. And one of the ways you know that they change — of course, researchers don't tell you this, but let me tell you — is if you have two children in the same family, they aren't going to be alike in terms of statistical data, in terms of personality. They come into the family at different times. The family is concerned about different issues. We need to be looking at these processes. If, in fact, the Perry Preschool children were empowered, and they did have some family contact (they just don't tell very much about it in their write up), they had to have been empowered through the family.

These were people who started preschool in 1965. They had to have gone then into elementary school when we were trying to desegregate and everybody was telling black folks they weren't good enough to be with white folks in classrooms, and so on. So they had those experiences. Whether we like to think of it or not, it was a negative experience for them, because it was not something that said you ought to feel good about yourself. The source had to have been somewhere, and my hunch is it was in the family, but I don't think they have sufficient data to show it.

One of the things that I think Head Start could do for us is to look at how families change and maybe ask some different questions. It is not so much that the researchers do not understand how to interpret the data; they did not know what to ask in the first place! That is the issue. If you know what to ask, then you can get a richness and a comprehension about that family and how they are living. But if you do not, surely a family is not going to change if you go in and say, "Are you happy with your child's school?" Families across this country say, "Yes." What do you expect them to say? That is a kind of put-down for them! That is what I mean when I say knowing or having some basic idea about what to ask, asking the kinds of things that will allow you to track changes and to see the richness of the family. We have to stop thinking of families as static; we have to think of them as dynamic, because they are changing. They are the ones, when Head Start is gone, who pass on the values that Head Start has tried to teach earlier. If Head Start programs have been successful in their parent involvement, then that is exactly what parents do.

Now let us turn to the issue of how children are learning. One has to be careful because people are always talking about having a national assessment of children going into preschool. Of course, the way they want to know if that child is ready for preschool, may be by giving a test that is completely not relevant for that particular child. Therefore, you had better ask what kind of test they are giving. Is it a test that matches the child's experience and the child's environment? Or is it a test that doesn't, one that's constructed by some researchers and basically looks like all the other tests.

The people who are into statistics, like Luis Laosa, know all about this. We can construct tests so that each child can almost have an individualized test! There is no reason for us not to do that; we have the power to do that. We do not have to stipulate each kid has to take the same 29 items. When we start doing that, we are going to be able to address cultural richness. I want us to rethink what we are going to do for children, as well as to rethink what we are going to do for families. I am very pleased that there is a new focus on families, and I hope that with this new focus we will view them as dynamic in all kinds of ways.

Luis M. Laosa: I would like to address two issues relating to a lot of what has been said so far. One is my deep concern that unless we develop a coherent science policy, we will not be able to realize the full potential of research to inform public policy. That would be compatible with the social policies we think should be implemented. We hope that you will help us move this issue forward through your own work and suggestions that you may have.

Diana T. Slaughter-Defoe: What we are doing here is reacting to our take on what Ethel Hall has said. The first thing I want to say is that Ethel Hall has a lot of courage, because, Dr. Hall, you are sitting on a panel with people whom you do not know! The woman was so affected by what she had been experiencing in this program that she had to find someone to talk to. And she found us. Obviously, the channels that people have when they are in the field and doing programs must be very narrow. If there are to be partnerships among practitioners, program people, and people who conduct research and evaluation, then there must also be channels of recourse when normal communications and working relationships break down. I do not believe that Ethel Hall would have found herself on a panel with people whom she did not know had she been able to solve the problems that she perceived she had in trying to get her program evaluated right where she was. Why would she bother?

The second thing I want to talk about is from the point of view of what she has said relative to my own research. I have found that in order to build bridges between my research evaluation efforts in the Chicago area and the community, I have had on several occasions, regrettably and unfortunately, to take on my own institution. And this is not a comfortable feeling! I will give a very concrete example. We are doing data collection at the present time in elementary schools that have the Comer School Improvement Program, and my portion of responsibility (with two other investigators, Thomas Cooke and Charles Paine) is simply to collect data in the third and first grades on the children's perceptions of themselves and the school situation that they are in. The hypothesis is very straightforward: after Comer has been in the schools for a number of years, we will find that the children will be more comfortable with themselves, relative to learning and motivation and relative to school. They will like it, and they will feel supported by the parents who are now more involved and feel supported by the teachers.

The problem for me is that obviously you cannot group-test children in first grade, and you really shouldn't do it when you are dealing with poor youngsters in the third grade. Then the question is, "Who will do the individual interviews with the children?" (Notice we are calling them interviews.) I decided that the best persons to do the individual interviews with the children would be community people — the parents of the children in the program, carefully screened and interviewed, parents who were not in the schools where their children were receiving the program.

We set this up and had an overwhelming response from the community to this program. I received a number of applications — I think a total of 64 altogether. The very first problem (the only one that I will discuss) we ran into is that Northwestern wanted these people who were committed and enthusiastic about the Comer program, about having a decent job, and about being able to participate as parents in a partnership relationship with the research evaluation unit to wait three weeks for their pay, fill out all kinds of forms, and go through the kinds of hoops that you people in this audience with ten times the amount of education and commitment and responsibilities routinely go through and think nothing of. I was able to change that after a year. Although I have solved the practical problem to everyone's satisfaction, I have still not been able to make the conceptual link with my colleagues and others in the institution about the relationship between that problem and the morale of my staff — and the motivation, the drive to participate in the research evaluation effort as partners. But for Dr. Hall, I wouldn't even be discussing this. I am taking you to the level of the infrastructure that the researchers and evaluators have to deal with in order to properly create, in the field, productive relationships with the community, the program people, and the practitioners.

I am sure that many of you here in this audience have had similar experiences. This is a teaching on both sides! I confronted a staff person who said to me, "You let us down! You are a black woman! You should never have allowed them to treat us like this!" I said, "But they treat me like this!" Because we routinely have the resources, we can deal sequentially most of the times with our lives. They cannot deal with it in that sequential manner, and this requires some serious rethinking. A partnership is not simply a matter of merging people and constituencies from different roles and phases and situations in life. A partnership is one in which you work out the administrative, conceptual, and methodological issues surrounding your relationship; it's a marriage.

Ura Jean Oyemade-Bailey: I would like to address Ethel Hall's comments briefly. One of the outcomes of the Minority Scholars meetings was that we collaborated on a book, *Head Start: Past, Present and Future Trends,* in the context of family needs. It was published several years ago, and we are now in the process of revising it. As we were preparing for this panel, I went back to look at some of the recommendations that had been presented or agreed upon at our first meeting. One of the major things that Ethel Hall has pointed out that she needed was one of our major recommendations, stated thus: we recommend that Head Start involve members of minority or ethnic groups in Head Start research as members of advisory panels, proposal reviewers, and principal investigators. To elaborate, there is a need to involve minorities at every level – at the conceptualization level, when we are beginning to develop the measures, in the interpretation, and in the infrastructure in terms of the implementation, or how you get the data and how it is reported. A lot of this information has been substantiated in research and written up quite eloquently in Urie Bronfenbrenner's book, *The Ecology of Human Development.*

And we, as Minority Scholars, in our research before and since that meeting, can give you numerous examples of where that makes a difference. For example, I am doing some research at Howard University on factors affecting pregnancy as outcome. It is a major program project funded by NICHD. As you can well imagine — and we are looking at African-American women — there is a wide range of factors that impacts the outcome, including lifestyle, nutrition, and so forth. Of course, nationally, even when you control for socioeconomic status, there is still a lower birthweight among the births of African-American women, and there is a need to get a better understanding of that. One of the things that we have found to be really critical is the psychosocial variables that affect African-American women. We talk generally about stress, but how is stress manifested within that community? One of the things that has been most interesting is that we have found that the relationship with the spouse or mate seems to be a very critical factor in terms of how it relates to outcome, in terms of their future, their feelings about the future of the relationship, their satisfaction with the relationship, and so forth. In addition, the whole issue of racism has also been found to be an issue.

Another recommendation was to develop more valid and reliable assessment instruments. We still find, even in 1993, that many of the instruments that have been used and been found to be inadequate for measuring performance of minorities are still being used. I guess in the interest of being efficient, we have used already-established instruments, and the Home Observation of the Material Environment (HOME) is one that is often used. When we analyze the different items, we have found that there is clear bias in a number of items on the HOME. Consequently, when we use the non-biased version, we get different results.

In addition, we also indicated that members of the ethnic groups who are participating in the studies should have experiences with that group. It is not sufficient or adequate to say that I have a minority on the staff; we have to make sure that that person is sensitive to that neighborhood or that environment.

The final thing, given the variability in the curriculum of Head Start and the uniqueness of the community input, I think that there is a need to focus a lot on process variables. We said when we first met that the parent involvement component made the difference in Head Start; it makes it unique. We still believe that, but another important factor, I think, is the institutionalization of Head Start — the commitment of the staff at Head Start programs and the way they put themselves into their work. I think that there is a need to focus a lot more on the characteristics of the staff and how those variables impact on the outcomes for families, as well as for children.

I will give you another example of that. Part of the Minority Scholars' mission is in terms of translating research into practice. We developed a curriculum to prevent substance abuse, and it was aimed at both the parents and the children in the Head Start program. What we have found is that the effectiveness of the curriculum depends to a large extent on the individual who is doing the training. If the trainer is very committed and gets the group engaged, we have a committed parent group, they are involved, and it has much more of an impact.

Unless we are able to capture all of those kinds of things, we are not really going to be able to get a good sense of what is, actually, as Ethel Hall pointed out, making the difference in terms of outcomes for children.

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Miscellaneous

Challenges and Opportunities in Conducting Quantitative and Qualitative Research in a Service Setting

Chair/Discussant: John M. Love

Presenters: Amy J.L. Baker, Phyllis Levenstein, Lorraine Hawkins

> *Historically, little attention has been paid to the challenges involved in conducting a research agenda within the context of a service-delivery setting. This is a neglected yet important area of discussion for several reasons. Researchers and service providers entering a joint research endeavor without an understanding of some of the typical tensions are likely to stumble upon problems that could have been avoided with foreknowledge. Moreover, understanding points of tension as organizational challenges, rather than as personality conflicts, can lead to a more productive approach to addressing these very challenges. And finally, making explicit what these challenges are can be the first step towards a fruitful dialogue about ways to better integrate research and practice. These challenges are important to recognize not just because they will improve the working relationship between researchers and practitioners, but also because they can be conceptualized as opportunities to improve the quality and relevance of the research, which ideally will contribute to better programs for children and families. This symposium attempted to address this gap by discussing some of the challenges encountered in an ongoing research effort with particular early childhood intervention programs, the Home Instruction Program for Preschool Youngsters (HIPPY) and the Mother-Child Home Program.*
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> *The first presentation provided an overview of an outcome study of the effectiveness of the HIPPY program. Initial results from this study were presented, followed by a discussion of some of the challenges faced in conducting a quantitative study in the context of the HIPPY program. The third presentation provided an overview of research on the Mother-Child Home Program, with an emphasis on some of the vicissitudes of conducting research in the "real world." A program coordinator for the Mother-Child Home Program discussed some of the obstacles faced by program implementors.*

An Evaluation Study of the HIPPY Program *Amy J.L. Baker, Wendy London, Chaya S. Piotrkowski, Miriam Westheimer*

Many poor children enter the formal public school system behind their more economically advantaged peers and fall further behind in their academic achievement over their years of schooling. One approach to breaking the intergenerational cycle of poverty and educational failure has been for programs to provide educational enrichment for preschool children living in poverty. More recently, programs have broadened their focus to include parents, who have been recognized as their children's first teachers.

The Home Instruction Program for Preschool Youngsters (HIPPY) is one such family-oriented early intervention program that combines educational enrichment for preschool children with parent involvement. HIPPY is a 2-year, early childhood education program for parents with limited formal education and their 4- and 5-year-old children. The program's goals are to empower parents to be their children's primary educator, provide school readiness skills for children, and bring literacy into the home.

Although HIPPY has been implemented in the United States for more than 5 years, until now there had been no comprehensive study of its effectiveness in this country. In response to this need, the NCJW Center for the Child launched a 5-year, quasi-experimental, prospective study of the effectiveness of HIPPY in three sites in the United States. While participation in the HIPPY program potentially has a wide range of benefits for children, parents, and staff, a major question addressed by this study is the extent to which HIPPY has a positive impact on children's school success.

This study utilizes a quasi-experimental, pretest-posttest, two-cohort design that follows almost 600 children from age 4 through third grade. At the start of the 1990 HIPPY program, comparison and HIPPY families and children were administered a battery of tests that included measures of children's cognitive skills and the quality of the home environment. Two years later, upon completion of the HIPPY program, families were visited again for posttesting. When children were entering first grade, their teachers completed the Child Classroom Adaptation Index (CCAI), which assesses the quality of the child's adaptation to the classroom during the first month of schooling. Results of analyses that compared HIPPY and comparison children's adaption to the classroom were presented.

While random assignment increases the quality and rigor of the evaluation, it poses some unique challenges for the program and for the relationship between program and evaluation staff. For example, program staff often want control over selecting those who join the program. Perhaps they feel that they know who will benefit most from the program, or perhaps they feel that they can tell who needs the program most. In either event, random assignment removes the control over family selection that program staff typically retain.

A second challenge for programs and researchers conducting quantitative research revolves around program staff concerns about program effectiveness. While program staff may believe that the program is effective, the research may not support that belief. The rigorous and specific criteria of program evaluation methodology do not always resonate with program staff's own experience of changes they believe they see in the families they serve.

The Mother-Child Home Program: Research Findings and Challenges

Phyllis Levenstein

This presentation provided child outcomes and problems encountered in evaluation research of both the original model Mother-Child Home Program and a selection of 29 certified replications of the program. Formative research outcomes and their vicissitudes from another certified replication were described.

The Mother-Child Home Program was created in 1965 by the Verbal Interaction Project for low-income 2 to 4 year olds and their mothers. Major goals of the program's nondidactic, play-oriented method were, and are, the promotion of a mother's verbal responsiveness to her child and prevention of the child's school problems through the exchange between mother and child of conceptually rich language around permanently assigned curriculum materials (books and toys). The program also aims to foster the mother's own sense of competence and, eventually, empowerment. In twice-weekly, half-hour sessions, "Toy Demonstrators" (home visitors trained and guided weekly by the coordinator) model for the parents of children aged 2 to 4 a written curriculum of verbal and other positive interaction with their children. "Hesitaters" were defined as those mothers with low motivation to respond initially to almost any intervention, usually because they are too overwhelmed by problems related to poverty.

The original program was studied and evaluated yearly from its start as a pilot program in 1965 to its end in 1982. By 1970 results from the original program and four pilot replications indicated that the research should be translated into implementation through widespread replication of the Mother-Child Home Program.

Included in this presentation were formative and/or summative research data on children or mothers in several replications — particularly five replications in Massachusetts, South Carolina, Bermuda, Canada, and Holland, reaching several ethnic groups: Euro-Americans, Afro-Americans, Native Canadian Indians, and Moroccan and Surinamese migrants in Holland. The data came from different time periods in children's lives (pre- and postprogram; at second, sixth, and seventh grades; and after high school) and used differing kinds of research data: acceptance and attendance rates of mother-child dyads; pre- and posttest scores on standardized tests of program and comparison groups; within-school scores on normed achievement tests of program and comparison groups; and the rate of program students' high school graduation.

Questions were raised about the generalizability to the target population of many outcomes from subject-randomized experimental research in the real world — that is, field research, and especially research involving parents and their children. Examples were drawn from evaluation research in replications and from similar research in the original model Mother-Child Home Program.

Formative Research (and Vicissitudes) of an Even Start-Supported Mother-Child Home Program in a New York City Inner-City School District *Lorraine Hawkins*

This "first generation" Even Start-supported replication of the Mother-Child Home Program began in 1989 with 10 mother-child dyads in a New York City community school district. The demographics of the community indicated that the population was at "high risk," with a high drop-out rate, an alarmingly high adolescent pregnancy rate, and a high poverty level with its attendant social problems. Minority composition of the district was approximately 77%. The rate of students eligible for free lunch grew from 54% in 1980 to 64% in 1988. Many of the mothers showed the characteristics typical of "Hesitaters."

Families eligible through poverty for the Mother-Child Home Program in one area of the district reflected the ethnic characteristics of the district: all were originally from Haiti, Guyana, Jamaica, and Trinidad. Formative research of the program produced immediate successful results in three "waves": 1989, 1990, and 1991. The 10 mothers invited into the Mother-Child Home Program in each wave all accepted (100%), kept almost all appointments, and stayed with the program for 2 full years (100%). The program was thus found to be voluntary, deliverable, and able to win mothers' and/or fathers' cooperation. All three conditions are necessary for the delivery and eventual success of a home-based program, and only formative research can assure their presence. Many also accepted referrals to school-based literacy classes, as a voluntary local variation allowed by the VIP/Center for Mother-Child Home Program. However, the acceptance rate by a fourth group of mothers (1992-1993) dropped to the very low point of 16% when these mothers were informed at that point that, to receive the program, they must attend literacy classes in a neighborhood school. The full roster of 10 families was finally achieved, but it was felt that it was at the cost of losing the Hesitaters, the Mother-Child Home's target population. All families, like with previous groups, cooperated fully with the program.

The out-of-district research team responsible for the summative evaluation of this Even Start Mother-Child Home Program made a decision not to administer tests of any kind to the children before or immediately after the program. Their plan was to conduct a follow-up study of the program's effect on the academic skills of its "graduates" when the latter participated in citywide testing in second grade. This plan was aborted in August, 1993 when Even Start funding came to an end, without prior notice to the district.

Not only did summative evaluation plans disappear, but the Mother-Child Home Program itself was abruptly terminated. The 10 families from 1992-1993, for whom the Mother-Child Home Program was to continue for their second and final year, were left stranded midprogram. A plan to enroll 20 families in the 1993-1994 school year evaporated. The program's coordinator (the latest hired in the school district) was, along with many others, "excessed" from the school district and left to find a position in another New York City school district — if such a position were available.

The fate of this replication of the Mother-Child Home Program and its personnel raised many questions, which were included in this presentation.

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Research Issues in Racial Identity

Chair: Irving E. Sigel

Presenters: Margaret Beale Spencer, Josephine Bright, Maevonia D. Caldwell

Developing a sense of personal identity and personal worth is critical for the healthy development of all children, especially for children coming from families of color who have to cope with a dominantly white society. Racism in various forms continues to plague us, and it is incumbent on us as educators and researchers to continue our efforts to combat such problems. One of the critical issues facing Head Start and similar intervention programs is the empowerment of children to function constructively in a complex, industrial, predominately white-controlled society that is beset with racial prejudice. Children of color, the population of particular interest here, have traditionally been described too often in negative, pejorative, and almost hostile terms in the media, the press, and even in school textbooks. Intervention focusing on children developing a positive sense of personhood is necessary to mitigate the harshness of the environment they will be enmeshed in as they grow up and move from school into the world of work. The argument that must guide intervention programs at every educational level is that developing a positive sense of self as persons and as members of a particular ethnic, racial, or religious group should be a basic goal. Armed with such psychological strengths, the children should be able to participate in the overall society constructively and purposefully.

Developing self-esteem and personal worth has been found to have a positive influence on children's school achievement and general social adjustment. This is contrasted with children of color who have difficulty judging themselves positively in terms of self-worth and self-efficacy. These children as teenagers often resort to antisocial acts as a way of venting their own despair and achieving some recognition from peers. Much of the research focusing on questions of self-esteem and identity reported in the literature has involved children from mainstream U.S., often white and middle-class. Substantively, such research does not attend to some of the subtle issues of race, religion, and ethnicity. There is much we have to learn about how a positive sense of personal identity can develop in the context of the home and the school for children of color, especially in a race-oriented society. There is a great need to identify the critical questions leading to the development of research and educational programs with constructive approaches for coping with problems associated with positive identity formation. These research findings can be implemented in intervention programs at home and in school. Since Head Start initiatives are viewed as pacesetters in the intervention arena, it was fitting that these questions were raised in this group. Other intervention programs can follow Head Start's lead. To achieve the goal to enhance self worth and a positive sense of self efficacy, it is incumbent on researchers and practitioners to join forces to work collaboratively on the *what* and the *how* of program development as we move to solutions for these problems. The *what* in this equation refers to *what* we need to do to increase our understanding of identity development; the *how* refers to *how* to use the findings that emerge from the research knowledge in the classroom and in the home.

This combination of interests formed the core of the presentations and discussion in this roundtable. Dr. Sigel raised the topic of the significance of sociocultural and developmental psychology theory in planning educational programs zeroing in on one of the central issues facing children and families of color as a buffer to deal with difficulties in their participation in a white society.

Dr. Bright presented some preliminary findings from her ethnographic studies with African-American, Chinese-American, Irish-American, and Puerto Rican children. Among the issues she commented on were: the significance of identity in parents' own lives, what is important for them to pass onto their children, and what the hazards are in attaining their childrearing goals.

Dr. Spencer argued that identity plays a central role in the development of life-course competence. Identity processes recognized as relevant are those that deal with personal identity, gender identity, sense of personal competence, and racial identity. She reported on her longitudinal studies, which commence with preschoolers. Her findings provide information about new ways of thinking about racial identity. Her second study suggests that such identity processes have implications for mental health and competence for early adolescents. One key issue that runs from preschool through adolescence is the notion of Afrocentricity. The significance of this focus was examined along with practical considerations for teachers and parents. One of her conclusions was that appreciating only one's own ethic or racial identity may not be sufficient to develop the best identity processes, particularly during early adolescence.

Ms. Caldwell, in her role as Executive Director of the Millhill Child and Family Center, supervises and administers a setting that includes infant, toddler, and preschool day care programs along with a parent counselling and educational component. She identified problems in working with research teams in the family center context. In addition, she identified some of the issues involved in communicating and implementing research findings in the real world context and posed some questions that need to be addressed by researchers.

The participants shared a concern for increased research into the issues of identity development and the corollary problem of supplying the practitioner with the research findings so that the new information can be incorporated into intervention programs such as Head Start and similar educational efforts.

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Miscellaneous

Recent Foundation Initiatives

Chair/Discussant: Janice Molnar, Program Officer, Urban Poverty, The Ford Foundation

Presenters for:

The Margaret Cone Center: Texas Instruments Foundation – Liston M. Rice, Jr., President, Texas Instruments Foundation; Mary Fulbright, Associate Director, Community Services Development Center, University of Texas-Arlington

Free to Grow: Head Start Partnerships to Promote Substance-Free Communities: The Robert Wood Johnson Foundation – Judith E. Jones, Director, National Center for Children in Poverty

Quality 2000: Advancing Early Care and Education: Carnegie Corporation of New York – Sharon Lynn Kagan, Senior Associate, The Bush Center in Child Development and Social Policy

The Children's Initiative: The Pew Charitable Trust – Carolyn Asbury, Program Director for Health and Human Services, The Pew Charitable Trust; Susan Batten, Program Officer, Center for Assessment and Policy Development

Janice Molnar: This session might be thought of as a transition panel, bridging and addressing some of the challenges that have been the topic of the sessions at this conference. Head Start, and indeed the entire field of early childhood, is presented with a volatile blend of possibilities and pitfalls, many of which, in fact, have been brought into stark relief by our president's proposals to dramatically expand Head Start.

One key issue for the field has to do with isolation. The child care and early education field — and to a certain extent, Head Start as well — has stayed relatively isolated from other fields that serve young children and their families. With few exceptions, early childhood programs are rarely designed or funded to take into account the full range of child and family needs. Only recently have steps begun to be taken to develop coordinated programming with other fields, like health, family support, housing, economic development, and community development. The foundation initiatives to be described during this session are examples of such steps. They are attempts to acknowledge and address the interconnectedness of child and family needs and the disconnectedness of family services and systems. In a very real sense, each of these efforts is designed to stimulate systemic changes by initiating seeding and a whole new way of doing business.

We will begin with a discussion of a comprehensive, neighborhood-based initiative located in a single community, and then move to a comprehensive multisite initiative; the first two presentations are both anchored within the Head Start community. Our third presentation will move us to consideration of strategies for essentially revamping an entire field — the field of early care and education. And our final presentation will describe efforts to revamp multiple delivery systems by targeting efforts in a select number of states.

Liston M. Rice, Jr.: I truly am impressed with the credentials and expertise that have been shown in the presentations. I am totally unqualified to address this conference on the subject of research, so I cleverly decided I would talk about system engineering. In system engineering, you worry about the design of the system; you worry about the product that you are going to try to create with the process. You worry about the goals: what specifically are you trying to do? You worry about having proper feedback measurement so that you know what you are doing. And then you adjust and adjust and adjust until you make it work the way you want it to. That is the way that we have approached our relationship with Head Start. I think it is quite different when you come at it from an engineering viewpoint. You will probably see us doing some things that are perhaps a little novel. You may approve or you may not.

The question we have asked ourselves is, "Is it possible to solve, really solve, any of these enormous social problems that we have in this country at this time?" If so, what programs and what resources are required to solve these problems? We decided that our priority would be preschool — to try to enrich the process that children go through in the Head Start system at the preschool level. Our collaboration is between the Texas Instruments Foundation and Head Start in greater Dallas and the University of Texas at Arlington, School of Social Sciences. We have the Southern Methodist University faculty involved in program design with us, and we have an excellent individual who does all the evaluation of the individual children for us.

When we started this program we asked Mary [Fulbright] and her people what a model preschool would look like. They said, "Well, clearly it should be a full or extended day; it should be year-round. We should have on site a full-time nurse-practitioner, and we should have two social workers on site, which would give — for this particular site with 90 children — a case load of 45 families per social worker. We should have a strong nutrition program. We should build on the Head Start curriculum, and then we should evaluate."

So those are the elements in our program. I am going to give you some qualitative results, and then Mary will follow up with some hard data. We think it is hard data. We are in the fourth full year of operation. We are spending, combined, about twice what Head Start spends in Dallas per student. That is about $6,000 per student (versus about $3,000 or $2,800 that Head Start spends) for the extra resources. And the resources are really the point here. In the medical area, the outcomes have been absolutely excellent. We are, of course, 100% on vaccinations. We are 100% on physicals, including general physicals, conducted in the presence of the parents on audiological testing, screening, visual screening, nutritional screening, and dental screening. We are also 100% on follow-up. Our goal is for every single child who has any problem whatsoever in the areas that I mentioned, or learning disability problems, to receive the proper medical service for that particular problem. We have quarterly review meetings; we run this just like it was a business. Each time, we review the status of all of these children who have these medical problems, and we check to see whether our goal is being met — 100% follow-up. So for that part of the program, the resources are there, the problem is in hand, and I think we can say we can put that one to bed.

The second part of it has to do with social workers. We have two social workers, as I mentioned. They are both "degreed," and I have really groped with the issue of how you measure the performance of these people. What should the goals be? How do you measure them? Well, parent involvement at the school is clearly a goal. We measure that in hours, and in the past year we had over 2,000 hours of parental involvement in this center by the parents of these children. We also measure the success of the social workers in getting the parents into things like GED and training and helping them get jobs, because we think it is important to create some kind of upward economic mobility for the parents of the children. That is one of our biases. If you look at the beginning of the school year in the most recent cohort — the '92-'93 school year — to the end of the school year, we doubled the number of parents who were in one of those three activities: GED, training, or had a job. We have gone from 38% to 80%. We think that is a very important accomplishment, and, I have to say, I am surprised at that much progress.

Our evaluation is problematical as to whether extended day or full year pays or not. It is hard to get children to stay in school after their siblings have been picked up at public schools and gone home, and it is hard to get them in the summertime when their siblings are not in school. So we have rather reduced participation — maybe 25% or 30% in the summer, and in late afternoons it dwindles down as well, to maybe 25%. So the jury is out on those two, as far as cost benefits.

Education is the major unresolved problem. We are very motivated to see that these children are ready to learn when they leave the center. The cohort that we will show you data on is the best cohort we have had — coming in and leaving. The other two cohorts have averaged something like 6 to 8 months behind in development for chronological age.

Looking ahead, we are also working in an adopt-a-school mode with the school these children go to. What happens in that school is that they go in at 6 to 8 months behind the tests that are given; that is, the standardized tests, which everybody loves so much, show that they are 6 to 8 months behind the national norms. And by the time they get out of the third grade, they are 8 to 10 months behind! So these are children who on average do not have a prayer, in my opinion, in the public school system. That is what we have to turn around, and that is why we are so focused on "ready-to-learn."

We are using a Battelle Skill Inventory to determine the developmental age of the children as they go in and as they go out, and we will show you the results of that. We are making strong progress in the areas that Head Start emphasizes — adaptive and personal-social. But we are not making progress in cognitive and communication skills, and that is where we are focusing our attention. We are working primarily in the area of phonetic awareness; we have faculty at S.M.U. developing a program for preschool children that emphasizes language, and we are now working with that program in the school. The program development is not complete, but we are starting to work with it. We have trained the teachers at several sessions. We have excellent teacher buy-in, and so we will see how that turns out. I hope that by the time another year rolls around, we will be able to give you some positive information about the children's progress with this richer curriculum.

Let me turn it over to Mary and let her give you the hard, cold facts.

Mary Fulbright: When we speak of partnership, I think that Mike Rice's presence here — that he can stand and talk about the program with the ease that he does — shows that Texas Instruments Foundation is not simply writing a check and giving it over and saying, "Now you do it and report back a year from now." The whole initiative is benefiting immeasurably from the involvement of Texas Instruments. I have been in social work many, many years, but we have a lot that we can learn from the business community. Five years ago no one would have ever caught me saying that, but there *is* a lot to be learned in social services from the business community.

Margaret Cone Head Start Center is designed to provide comprehensive services for all 4-year-old children who live in one elementary school attendance zone in Dallas. We have a profile of the parents developed from a survey that we conduct annually of the parents whose children are attending Cone. Ninety-four percent of the children are African-American. The parents of the children are predominantly single; they live in government projects; they are unemployed. They are very, very poor, and they are school dropouts. That defines a pretty difficult socioeconomic environment for children, so we are working with children who have a very uphill climb.

The social service component seeks to achieve greater parental involvement. In order for us to see whether Cone was making any difference, as compared to a standard Head Start center, we were able to get data on 30 children from Cone with a matched group at Rosy Harris, which is a nearby standard Head Start center. We matched for the characteristics of gender and ethnicity, whether or not they lived in the projects, income, and so forth. We had a good match of those children. The Cone parents contributed almost twice as many hours as the parents from Rosy Harris, which is a very standard Head Start center in Dallas. It is neither better nor worse, according to the administration, than other centers. Additionally, 27 of the 30 parents at Cone contributed time, and 5 of the Rosy Harris parents contributed time. Another primary goal of the social service component is to focus with the parents on improving their education and their employment so that they can become independent and provide a better environment for their children. In August, 38% of the parents were enrolled in the GED or an education program, the job-training program, or they were employed. By the following July, we had 80% of the parents in one or the other of those different outcomes.

The health component, which Mike elaborated on, gives all of these services, plus any service that a child may need. The nurse-practitioner on staff, who resides at Cone Center, is responsible for seeing that every child at the Center receives all of the health services the child needs, just as if that child were coming from a more affluent environment. Our goal is to provide these children with the health services and the education services that would be provided for more affluent children so that, without regard to income, our children have the opportunities of other children. The medical or health component is, in fact, achieving 100% of its goal.

Now we get to the education component. In the education component we use the Battelle Developmental Inventory (BDI); we do a pretest and a posttest. The assessment is administered by an early childhood diagnostician who is African-American. She gets assistance from our teachers, who represent the ethnic identity of the children, on the observations of the social, personal, and adaptive domains, where it is not possible to have a structured environment to see whether or not a child is able to do a particular thing. In the personal-social, the adaptive, and the motor skills, the children grew over a 7-month interval between the pretest and the posttest. In those three domains the children made more than a month-for-month progress. When we come to the communication level, they made 4 months' progress, and in cognitive development they made 7 months' progress.

Now, for a comparison between the Cone Center and Rosy Harris. The Cone children made greater progress in every single domain than did the children in Rosy Harris. Next is where we have to really start becoming distressed. When we compare our children's developmental level with the national norm, the children at Cone are far behind the national norm in every domain — which is expected of Head Start children. But having had the enriched services of Cone Center, the children are still very much behind. In the communication and cognitive domains, the children are far below the level that is represented by the national norms of the BDI and far below what the kindergarten teachers are expecting of them when they come into school. These data are very closely correlated with teacher observations in kindergarten and the terrible — I despise it with you — ITBS test that the children are taking in kindergarten and first grade. Our first cohort is entering the second grade right now.

In order to make up these deficits, we have made some radical enrichments for the present cohort at Cone. We are going to continue providing for the social development and the adaptive domains the children have to have, but for them to succeed in school, they also must be better prepared in communication and cognitive development. So we have made arrangements with Southern Methodist University to provide in-service for our teachers to help them learn developmentally appropriate ways of teaching the children to improve their vocabulary and their phonetic awareness. We have also developed a scope and sequence chart that is very simple and short, but it gives the parents and the teachers guidance in helping the children learn some things that will be extremely helpful as they go into school.

We have developed a parents-as-educators program in which parents are rewarded for every 5, 10, 15, and 20 hours that they contribute in the classrooms where they are learning how to help their children learn. Texas Instruments is providing incentive rewards for the parents after those intervals. The teachers have developed an 85% goal for having the children stay until 4:30 or after 4:30 rather than being picked up at 2:30 or 3:00. With these interventions, we hope that the children at Cone in Cohort 4 will begin, if not with a head start in kindergarten, at least with an equal start as they go into kindergarten.

Judith E. Jones: The Robert Wood Johnson Foundation has asked me to stand in for them today to talk to you about the Free to Grow initiative, the subtext of which is Head Start Partnerships to Promote Substance-Free Communities. For those who do not know a lot about the Robert Wood Johnson Foundation, it is the premier health policy foundation in the nation. It's about 20 years old and gives away about $175 million a year in grants for health and health-related projects. Its overall mission is to improve the health and health care of the American people. Its primary strategies are to nurture innovative projects and disseminate information about ways of providing health care.

At this point you might ask, "Why Head Start?" It is a very important and major departure for this foundation to understand that if you want to promote the health and well-being of young children, it is important to look at them within the context of their families and communities. I will describe a little bit more of that philosophy as I talk about the Free to Grow initiative. In 1991, the Foundation adopted a very important goal: to promote health and prevent disease by reducing the harm caused by substance abuse. Their priority area within that goal has been to focus on higher risk children and youth. As the foundation staff started reviewing the area of substance abuse interventions for youth and young children, they found that most of those interventions were curriculum-based only. Knowing what we know about young children and healthy development, it seemed clear that if we wanted to protect children and reduce their risks as they grow older, it was important to look in a much broader framework at what could be done for children. Obviously, the Head Start program appeared to be a particularly apt vehicle in which to enroll this initiative because of the large numbers of economically disadvantaged children that it serves who disproportionately live in communities in which substance abuse is a very serious and enduring issue at the moment. Also, Head Start is very focused on parental involvement and is located in communities in which there is potential to effectuate major change.

The hope in this program is to use this involvement with Head Start to link families to community supports — not only while the child is in Head Start, but long after the Head Start experience ends. This presents particular challenges in how the program will be designed. In other words, there is a growing understanding that short-term interventions will have only short-term results. I do not have a long history with Head Start, but I do with community-based programs, and one of the things that has struck me over the years is that we have been immodest in terms of what we thought we could achieve with one direct intervention over a short time period — thinking that we could change the whole life base and life trajectory of at-risk families and children. This initiative gives us an opportunity not only to intervene at a Head Start community and site and work with Head Start programs, but also to look well beyond those confined years of Head Start to see if, in fact, we can make a difference.

The diversity of Head Start programs, of course, is important as well. The problems of substance abuse in America are clearly not just problems in the urban inner cities. They are problems that we see in rural America, whether they are in small communities or small towns. I have been struck, as I have been going around the country conducting Head Start site visits for this initiative, by the dimensions of substance abuse and the accompanying violence in communities where you would never believe that this is a particular problem. In the audience today with me, as a matter of fact, is Janet Fraidstern, from one of the pilot projects that was chosen before the initial launching of the program. It happens to be in the Washington Heights community of northern Manhattan that surrounds the Columbia-Presbyterian Medical Center, where I have done work for many, many years. It is without a doubt the capital of New York, maybe the nation. It is peopled by many individuals who have just arrived from the Dominican Republic and who have many of the problems of immigrants in adapting to America. There are clear challenges to a Head Start project in that community, in dealing with the depth and the breadth of a kind of social dysfunction that is currently going on there.

This initiative is a 5-year, $5.4 million initiative — really very small by the Foundation's standards because it is highly experimental. This is really uncharted territory. What we are trying to demonstrate is that by a comprehensive intervention that focuses on the family and the community — not the child — children will be able to resist substance abuse and other high-risk behaviors in their teenage years. If, in fact, during the course of this initiative it appears that we are identifying interventions that appear hopeful, there will be a longitudinal evaluation. We will have many more projects that are involved in the initiative. But in the short term, what we hope to do is identify Head Start programs that are willing and able to develop model initiatives that they will pilot-test in the first two years of a program development grant, and, depending upon what they uncover, will then be able to receive 3-year implementation grants.

You should know that this is an invitational initiative. When we recognized the fact that there are 1,300 Head Start grantees around the country that would be competing for only five grants, we realized it would be dishonest to put out a request for proposals and have Head Start programs working very hard to prepare these proposals with only a very slim chance of a success. In order to assure that we were given the very best knowledge about what programs we might look at — and we looked for very, very strong programs — it was really important to demonstrate to the Foundation's board of trustees that this could be done, and so there is no question that we did cream in choosing the programs we would look at.

We talked to the National Head Start Association; we talked to the regional ACF [Administration for Children and Families] offices; we leaned very heavily on our national advisory committee, which is chaired by Reed Tucson and also includes my colleague, Lynn Kagan, and a multidisciplinary advisory committee that includes people in early childhood, in health, and people who understand substance abuse prevention and treatment. We also talked to many national experts in addition to our national advisory committee. We winnowed down the process from 1,300 to 25 potential grantees, and we have just completed a round of site visits.

Based on those site visits, I can say that the problems facing the Head Start of the '90s are really quite dramatic. It is quite important for us all to understand the kinds of assistance needed by the program. As we talk about Head Start — there is such wide support for Head Start because the Administration is behind it — my biggest worry would be that Head Start is going to try to be all things to all people and to try to do everything possible. And that is impossible. One of the very important pieces of this initiative has been to focus on partnerships. We believe that this initiative will stand or fall on the strength of the enduring partnerships it can make in the community with other important institutions and other community groups. Of course, this is something Head Start has always done, but this we look upon as much more formalized, much deeper, more longlasting. It will not be an issue of just reaching out, but whether we can help programs set up systems that will allow them to support children and families as they transition to school.

It is a rather formidable task for the Head Start group that will be coming together in Nashville, Tennessee, for a technical workshop in which we will help potential grantees think about how to develop their programs. This is not a top-down initiative. The Foundation is telling people very clearly: it is uncharted territory — blue-sky it if you want to. You come up with ways that you think are important in the community.

The national program office that I head is used by the Robert Wood Foundation for all of its national initiatives. There are 32 other national program directors. The Foundation, unlike some of the other national foundations, keeps a very small core staff, which identifies people around the country to roll out their initiatives for them. The national program office has not only been heavily involved in the selection criteria and the selection process, but will also be helping grantees in both proposal development and technical assistance over the lifetime of their grant. The Foundation feels strongly that it must support programs like Head Start with a technical assistance effort to help them do their projects over that time.

Again, why are we focusing on families and children? What evidence is there? Certainly we know that the available research on the etiology of substance abuse suggests that it is part of a cluster of behaviors with roots in early childhood, and factors that tend to place children at risk are certainly poverty and all of the negative consequences that go along with that, from family violence to community violence to child abuse, victimization, and a number of other issues. Did I mention that there will be five grantees? To give you a ballpark figure on the nding, the initial program development grants are about $300 thousand for those two years and $600 thousand for the 3-year implementation. Potential grantees are to get their proposals to us by the end of December; they are to be presented to the national advisory committee and Foundation staff for review at a meeting in the middle part of January. Out of the 25, we hope to get down to 10 "finalists." There will be site visits through the month of February, and 5 grants will be made, probably announced by May 1 of '94.

Sharon Lynn Kagan: The Quality 2000 initiative has as its tag line "Advancing Early Care and Education." By early care and education we mean the primary services that children 0 to 6 are receiving. It has been funded by the Carnegie Corporation of New York. Thus far we have heard about two very exciting initiatives. Quality 2000 shares some things in common with these sister efforts. First of all, it is a 3-year project. It is comprehensive; it has eight components. It is systems-focused. It is dedicated to change, and it is outcome-oriented. Unlike some of the other initiatives with which you may be familiar, it is a bit different in that it is not a demonstration program; it is not an evaluation program; and it is not designed to take any of these and balloon them or upscale them broadly. You should probably ask, "What is it then?" Stated very simply, it is an effort that is designed to do two things: to analyze and to catalyze.

Let me amplify what I mean. The goal of this effort is to analyze where we are as a nation in the delivery of services to young children and to catalyze action that will move us forward. Now you are probably saying, "Well, every other project in the world has those same goals, too!" Let me be rather explicit about the funding rationale, because this will set the stage for why this effort is a bit different. Quality 2000 acknowledges that much work has already been done in child care and early education. It questions, however, why — given all of this work and, actually, given a sizable investment, at least on the program demonstration side — we as a field have not moved forward faster?

Quality 2000 says that early care and education is a little bit stuck. We are stuck because we understand that the services to children and families are ensconced in a system that has no continuity between programs. We are stuck because we understand that we have a pedagogical base that has historically limited cohesion in our ability to work together. We are stuck because we understand that we have lived at the mercy of a congressional timetable that thinks one session of Congress ahead and, consequently, has not had the capacity to think long-range, 5 or 10 years ahead, about what a nation should be doing systematically for its young children. Clearly, bred from multiple domains, and given this robust history, we recognize that the practice of early care and education in this nation is seriously trapped. Those of you who have worked in Head Start will understand this well.

Until a very few years ago, we remained in separate bands with preschool programs on one side, Head Start programs someplace else, child care someplace else, family support someplace else, and early literacy programs yet again elsewhere. We have been, as other fields have been, bound by these conventions of disciplinary isolation. And, indeed, limited opportunities have existed for us, first, to share information with one another, and second, to learn systematically from other fields — from the fields of economics, political science, environment, and so forth.

Given that rationale, and that presumption of a kind of stuckness, what is Quality 2000 beginning to address specifically? We are challenging conventional assumptions that have undergirded the nature and the delivery of early care and education. We are challenging some of the beliefs and knowledge about how we have conventionally defined quality, and we are looking at the role of government in the delivery of services in the field. We are asking questions like, "Who has really defined quality in early care and education, and, more importantly, whose ideas and values have been ignored?"

We want to keep the doors of Head Start open so that parents can come in! And yet, how do we redress this in terms of gauging up and ginning up quality in the field? How do we balance access to classrooms with quality in classrooms? We are asking, "What about the for-profit sector?" Many of us have failed to acknowledge that large percentages of the care and education of children in this nation happen in the nonsubsidized sector, and that what happens in one sector affects what happens in another. We are asking, "How do these sectors interact? And what can be done to assure greater and more productive interaction?"

How does Quality 2000 do this work? First of all, it works to bring into the field new perspectives and new ideas from outside the field by (1) commissioning papers from experts in other fields; (2) working with representatives from very different disciplines; and (3) bringing together members of our own field to review and interpret and debate the implications of these perspectives from other fields for their applicability to Quality 2000.

Let me give you a concrete example. We all know that for a long time scholars in our field have debated whether or not federal child care regulations should exist. Critically important, this issue has implications for financing, indeed, for the very nature of federalism in our own country. Quality 2000 tackled this by reframing the question. We have asked, "What are the alternative strategies to regulation that can accomplish or safeguard quality in much the same way that regulation can?" We searched the nation for regulatory experts in other fields and brought together individuals from fields like the environment, health, and — believe it or not — the restaurant industry, cosmetologists, and veterinarians. We wanted to learn about alternative mechanisms to regulation; after all, these fields are all regulated. We came away with some very inventive alternatives to our conventional and, if you will permit me, a bit stuck-in-the-mud ideas about how to go about regulation. These ideas are being written up in a paper that will be reviewed by members of the field for their applicability to early care and education.

Essentially, the project is divided into three phases. The first is the phase we are in, and it is the conceptualization phase: reframing the questions, garnering the new information. The second phase will integrate the information from the eight components, and the third will create an overall blueprint, taking into consideration some of these new strategies.

During the first phase this past year, we have focused on three issues. First of all, how should quality be redefined to include heretofore neglected perspectives and new information? To answer this question, we asked focus groups with parents to garner their ideas about quality. We commissioned reviews of very recent research on quality. We conducted an international analysis about what quality means in other countries and what the cultural variables are that influence our understanding of quality.

The second question we have addressed builds on the first. It suggests that for a very long time, we in our field have been concerned about what we mean by quality in centers or what we mean by quality in programs. Quality 2000 is asking another question about quality, and that is, "What do we mean by quality in systems?" In other words, if you were going to create a total early care and education system, what would the variables for the functions need to be to make that system optimally effective? We are looking at other fields and have identified 17 functions necessary for a comprehensive early care and education system, including a training function, a regulatory function, a data-collection function, and so forth. What is amazing is that in early childhood we have been a laboratory in this nation, and it is very exciting for systems integration. What we are really doing is giving people another way of looking at what the essentials are for the system — not only direct services to children. Communities are doing long-range planning around these functions as a result.

Finally, the third question we are looking at is "What are the alternative roles that government can and should play in a mixed-sector delivery system?" The reality is that in our field, we are a mixed-sector system. The for-profits are very, very strong. Indeed, when most of us think about federal legislation, we conventionally think about positioning it in terms of enhancing services and subsidizations. Wrong. We need to be terribly concerned about low-income children, but the reality is that we also need to be concerned about what is happening to quality in the for-profit sector because, as many of you know who have read the findings from the National Child Care Staffing Study, quality in the for-profit sector is a more serious problem than is quality in either the non-profit or the government sectors! What roles should government be playing across sectors, and if there is going to be an increase in government dollars, where and how is it most effectively spent? Quality 2000 is raising the question: what are the cost-effective alternatives to delivering high-quality care, short of complete government subsidization.

Information from these three components will be applied to very specific areas: financing, regulations, training, and outcome accountability where project work has already begun. Let me give you one quick example. In the training component, we are conducting a very detailed analysis of how other fields train and credential workers. We looked at allied professions, as you would expect: social work, public health, and education. But because a large part of early care and education does not happen in the professional sector — it happens in the semi-professional sector — we are also looking at cosmetologists, plumbers, veterinarians, and so on. It's very interesting! It takes a lot more to be a cosmetologist than it does to be a child care worker, and there are far more opportunities for advancement in all of these other domains than there are in our field. We are looking at what some of those incentives are that have enabled those fields to develop these latent career ladders, whereas we have — though we have tried — only been marginally successful.

In addition, Quality 2000 is very concerned about outcomes for children. We are aware that, as a field, we have been very shy about specifying program outcomes. And this is true even in Head Start. Head Start specifies performance standards, which essentially are input standards, or delivery standards. It does not specify clearly across domains output standards, outcomes. We are looking at the viability of this in our field, understanding all of the resistance and all of the issues related to assessment. We are looking at ways to do this that will be culturally sensitive, that will be palatable. In addition, we are looking at systemic outcomes, because we recognize that in order for there to be effective child and family outcomes along the way, there are going to have to be systemic changes, and we are trying to identify and benchmark those.

Finally, when you think of Quality 2000, what should you think? I would like you to go away with the idea that we, as a nation, through the aegis of the Carnegie Corporation of New York, have the opportunity, collectively, to raise and address fundamental questions that we secretly have known exist in the field, that have gnawed at us somewhat, but that we have not had a systematic opportunity to examine. In closing, I would like to say that I, personally — and I think I speak on behalf of a growing number of my colleagues in the field — am indebted to the foundation community, and Carnegie in particular, for giving us this opportunity to tackle the tough issues together.

Carolyn Asbury: In the case of the Children's Initiative, I think it had to be a brain surgeon who figured out the design and got it going. Over the last several years, the president of the Pew Charitable Trust — a neurosurgeon by training — and those at the Center for Assessment and Policy Development, which Susan Batten is here to represent today, sat back and said, "We've got to do better in the way we deal with the growth and development of children." Together they began to say, "If we were to focus on the child and the child's family, what would make sense, in terms of the services that are needed, the way to finance and deliver those services, the way to coordinate them, and the way to involve families and communities with the state in designing them. How should all that work?" That was the genesis of the design of the Children's Initiative. We are going to tell you a little bit about the Initiative, and then, specifically, about the components within the Initiative that deal with the child development component.

The goal of the Children's Initiative is to improve outcomes for children, on a broad scale. As Sharon Lynn Kagan has said, few of us have been audacious enough, or foolish enough, to say that we are going to do this, but, indeed, that has been the hallmark of the Children's Initiative from day one — that it will be outcomes-based. The outcomes to be affected include improved child health and *adequate* child development. You will notice we use the word "adequate," but we are not giving you a definition of what adequate is today. We are hoping, in time, that some of you will help give us a definition. Reduced barriers to adequate school performance is the third outcome to be affected, and the fourth is adequate family functioning and stability.

While we wanted to take on children from the age of 0 to 18 — and that includes preconception as well — we decided not to take on the universe at this point, but to gradually build up to it. So the design says that we will start with preconception to age 6. As Medicaid ages up, the Initiative will age up, so that eventually we will be to age 18. Now, if Medicaid in the future is not as we know it today, we will have to come up with some other way of figuring out how this will be done. But that was the initial plan.

We said that we want to take what has been learned; we want to involve families and communities and states in building on the experience they have had to date, but we want to go the next step. We want to look at systemic change. We want to say, "Let's focus on the child and the family, and then let's build from there, bottom up and top down; let's figure out how we actually replace the system, not how we add on to it." That has been the guiding basis for the development of the Children's Initiative. With that in mind, we began to say, "Okay, what changes do we need, all the way through the system — including the service providers, the way they're coordinated, the way they're financed, and the way they're delivered — that will meet the needs of families and, particularly, their children?"

We invited 14 states to compete for planning grants. They were chosen on the basis of their efforts to date (both through Medicaid and other aspects) and the extent to which they had actually tried innovative programs or devoted a good part of their flexible resources to improving the lives of children. We selected five to enter into planning grants. They are Florida, Georgia, Kentucky, Minnesota, and Rhode Island. We said that up to three of these states may then be awarded grants for implementation of the Initiative if, indeed, they are able to say that they have a plan in place that is likely to be politically palatable and financially feasible and is likely to be able to be achieved over a 10-year period. We are currently looking to see whether there are up to three states that might be in a position to take this on.

What defines the Initiative? Let me explain a few things: the non-negotiables. We do not want to be too prescriptive, but, on the other hand, we want the Initiative to be clearly recognizable. So, what are those criteria? First, it is a system of inclusion. By that we mean outreach to pregnant women and universal contact with families at birth. We want to have a referral network, and we want to have follow-up for those infants and families that appear to be in need of follow-up. We want to have links to the education system and the service system, for both health and human services.

A second component says that to operationalize that, there will be family centers located in or near schools, and these family centers will be the hub of service, providing some services and referring people to other services. There would also be a new form of front-line practice. People would need to be trained in new ways to negotiate a very different service system and education system. The frontline practitioners would be the ones to help determine how you begin to patch together very innovatively — actually through systemic reform — a one-stop shopping aid; you can begin to provide and refer to the appropriate services based on a series of eligibility criteria. There was another non-negotiable: there would be streamlined eligibility and streamlined intake at these centers.

Another non-negotiable was that this could not be solely top-down; this was not a grant for states to plan for communities. It required that each state select up to two communities, that the states and the communities plan in collaboration, that there be an informed but participatory involvement of the important members of the communities, including the families affected, and the important members of the state, who will have the responsibility for making the changes needed at the state level in order to carry this out at the local level.

The final non-negotiable was that this was not to be a project. It was to be an "initiative," which meant that over a 10-year period it was to be statewide. It would start in communities, but over the 10 years, it would go across the communities and become a new way for the state to operate. What does this entail? It entails delivery, with the design based on the outcomes that you are trying to achieve. It is saying that the particular problems in our community — low birthweight, teenage pregnancy, lack of ability to be able to follow through with learning difficulties or developmental delays, or whatever — are going to help determine what our service strategy needs to be. The delivery is meant to be predicated on the outcomes that you are trying to achieve.

The financing and the governance then help to support that. The financing in the states is taking two forms. One, they are coming up with an estimate of the costs this will take over a 10-year period. And second is a sense of how they are going to change financing streams. This means not just simply blending or patching them together, but how they are going to begin to change at the state level the way the financing flows to the communities, the way the communities use those monies to serve families in the family centers. The governance function will then follow. It will be a matter of who has the authority and responsibility. Too often the front-line practitioners have the responsibility and no authority. We want to put more authority in the hands of those who are actually responsible for what happens to children and their families.

How are we going to achieve adequate child development? That is the crux of the issue for today's group. We are targeting basically three groups of children in this. The first are those who are eligible for various entitlements: Title IV-A, JOBS, Family Support Act, at-risk child care, AFDC. The second are children who are at risk of developmental delays or disabilities. We are not necessarily in a position yet to say how we are going to measure and predict those and how we will differentiate them from just slow learning or lacking a stimulus to learn. But that is one of the areas where we hope research and practice will come together. A third group we are going to target are children who need preschool to achieve school readiness.

Different eligibility criteria, different programs, different practitioners, and different approaches characterize the current state of affairs. And we are not sure this is a healthy situation. So one of the aspects of this program is to support further inquiry into things that we do not know. What are the core child development or child care components? They include before- and after-school care. For a more detailed elaboration on how this is actually going to work, I am going to turn this over to Susan to describe in more detail the five states that are currently doing the planning.

Miscellaneous

Susan Batten: The participating states and communities in the Children's Initiative are facing a number of challenges in designing this reconfigured system of services of which early childhood development services is a big piece. I want to point out just a couple of foundations that we think the states are building on to help develop these types of systems and describe the impact of Head Start on the Children's Initiative. Most of the states are involved in Head Start collaboration projects, focusing on similar populations. Many are focusing on JOBS participants. Second, most of the states are attempting to expand their child development programming for low-income children by blending Head Start funds with other child care dollars. And third, at least one state is involved in a Head Start Transition project, which will teach us a lot about how you link comprehensive services to schools. Also, many of the states plan to create their network of family centers by wrapping them around existing Head Start programs; they are building on systems that are already comprehensive in nature for children.

In Florida, for example, the early childhood collaboration plan is a result of a partnership of state Head Start, the state Head Start Association, and various key federal departments that have developed a plan to promote accessible, affordable, quality child care for children. The group is considering various universal, fiscal, and program strategies to facilitate cost-sharing opportunities in the state. One of the proposals is to allow child care providers who meet Head Start performance standards to purchase Head Start slots. We are watching this very carefully, waiting to see how these action steps are going to play out in the participating communities in Florida.

Florida also has a very innovative and interesting program called Healthy Start, which we think is the fundamental base for the Children's Initiative in the state. It seeks to improve the health of all pregnant women and infants through a universal screening in all counties in the state. It identifies those who are at risk and targets them for early intervention services. Through the Children's Initiative, Florida is seeking to expand Healthy Start and make it a contact to gather information on not only children but families as well. It is a much more comprehensive, family-focused, universal contact strategy.

In Georgia, school-aged child care is an important component in the Children's Initiative. Many of you have probably seen the recent reports coming out of Wellesley that raise a number of training issues, particularly how to keep the attention of the fourth to sixth graders, and how to train providers to do that. Georgia has set aside a substantial portion of its child care and development block grant funds to study this issue. It has funded the School-Age Child Care Council to conduct regional training in this area, and we will be watching that very closely. They are also going to use part of the funds to conduct a statewide parents' survey to find out what parents want and need in school-aged child care.

Georgia is currently expanding its new preschool program for 4 year olds. This is the program that is serving 4 year olds from families with incomes up to 185% of poverty. It is very comprehensive in nature; it is very family-focused. The programs have to have at least one family development specialist on board to work with the families. The expansion to 100 sites and 10,000 children is being financed by lottery funds in this state.

Most of you probably know that the Kentucky Education Reform Act of 1990 [KERA] is the landmark legislation in that state that mandates comprehensive school reform in early childhood development services. The law requires the establishment of family research and youth service centers in or near schools where at least 20% of the children are eligible for free meals. The services are extremely comprehensive in nature and are very family-focused. There are about 300 family centers in the state right now. The challenge in Kentucky is to figure out how to develop family centers that meet the Pew criteria as well as build on the KERA-funded family centers. We are going to watch very closely how that happens in that state. Kentucky is also planning to develop new centers by wrapping them around existing Head Start programs.

Also in Kentucky, the Head Start collaboration project facilitated the coordination between the new KERA-funded preschool programs and the expansion of Head Start. As a result, all KERA-funded preschool programs now meet Head Start performance standards, and over 80% of all eligible children in the state received services in one or the other of the programs in 1992 and 1993.

In Minnesota, the Early Childhood Family Education (ECFE) program is a voluntary universal entitlement, a 15-week family curriculum available to all families with children from birth to kindergarten. ECFE's universal, inclusive nature lends itself to family centers. We think it is going to be an important component of the Minnesota initiative. They also have an interesting program called "Way To Grow," which is intended to promote school readiness. The Head Start collaboration project in Minnesota, Project Cornerstone, is also looking at ways to develop family centers by wrapping them around Head Start programs.

Project Reach is Rhode Island's Transition project, which provides support for children and families as they move from Head Start into the public schools, from kindergarten through Grade 3. The other program in Rhode Island that we are watching very closely is the Child Find program. This is a mechanism to contact all families at the time of birth. Now there are actually two contacts with all families prior to school entry, because school districts are contacting all families with children at age 3. This has forged a number of relationships between the key players in Rhode Island in the field of early childhood development.

To wrap up, we do feel that the states have moved much more slowly in this area of the initiative — early childhood development — than they have in other areas, and we are not sure why. Cost is one factor. Finances are a big issue; the fragmentation of the system may be another. It may be just an issue of timing and sequence; we have learned a lot about the time it takes to organize these efforts.

Janice Molnar: I would like to offer some observations on what we have heard today. I am struck by what seem to be some striking changes around the conceptualization of services to children and families in the larger world, and some of the changes in the philanthropic world. For example, foundations are struggling to become less categorical. To borrow Lynn's analytic framework, foundations are working to become more comprehensive, more system-focused, more dedicated to change, more outcome-oriented in their grantmaking. This seems to be happening along a continuum, a continuum of foundation involvement. At one end of the continuum are funders who are supporting existing projects that are trying to do all these things. Moving along the continuum, we see partnerships between foundations and grantees, as with Texas Instruments and the Margaret Cone Center, and with Carnegie and the development of the Quality 2000 Project. Then moving still farther along the continuum are some foundation-initiated designs: the Pew Children's Initiative and the Robert Wood Johnson Free to Grow. There also seems to be in the foundation world a broadening definition of the role of grantmaking and what it can accomplish. Judy called it facilitating, offering opportunities to localities to actually do what they think needs to be done. While foundations will never take over the role of the public sector, it is worth noting how they have, in a period of lessened resources, taken the lead on research and demonstration in the field. Funders, like all of you, are trying to learn from other fields. While I admit that cosmetology and plumbing were a surprise to me – and not ones I might have anticipated — we have been hearing a lot about learning from the business community, and our Texas colleagues have given us some strong examples of that. I have certainly learned a lot from these presentations.

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Involving Fathers in Head Start: A Framework for Program Development

Discussants: Darryl A. Reaves, Ed Pitt
Presenter: James A. Levine

Though parent involvement has been a mandated program goal of Head Start since its inception, "parent" has typically meant mother. In 1989, the Silver Ribbon Panel of the National Head Start Association recommended that Head Start develop strategies to strengthen the involvement of fathers. This session used a slide show and oral presentation to summarize the findings of the first examination to date of Head Start and other early childhood programs that have developed and implemented such strategies. These strategies are reported fully in *Getting Men Involved: Strategies for Early Childhood Programs* (Levine, Murphy, & Wilson, 1993).

After conducting a national search, 14 early childhood programs were identified as "exemplary" in their approach to involving fathers. "Father" was defined as any significant male in a child's life, including a mother's boyfriend, an uncle, a grandfather, or another man from the community. Geographically, programs were distributed across urban and rural settings and included a Head Start program for migrant farm workers.

While programs used a wide variety of techniques for involving fathers, they have been organized into a four-stage sequence that seems to be implicit in all successfully programs. The session used slides to illustrate specific strategies for each of these stages.

Stage One: Creating a Father Friendly Environment. The environment includes everything from staff attitudes to the pictures displayed in newsletters or on walls. It is all the elements of a program that send (or don't send) welcoming messages to parents, including fathers and other significant men in children's lives.

Stage Two: Recruiting Men. Many programs wonder why they are not successful at engaging men since men are always invited. Recruiting suggests a level of effort beyond "inviting" and includes activities designed specifically to reach and include men.

Stage Three: Operating a Program. Head Start guidelines identify four dimensions of parent involvement: decision-making, employment or volunteer work, working with children, and participation in other experiences and activities. Strategies were presented for involving fathers in all of these dimensions.

Stage Four: Sustaining Involvement. There is a difference between the activity needed to get a program started and the type of effort required to keep it going. Strategies for sustaining loop back to the first stage: creating a father-friendly environment.

By using strategies that fall within this four-stage model, Head Start programs have found a way to involve fathers. Both the model and the 14 programs profiled point the way for other Head Start programs that want to get men involved.

Head Start Showcases and Posters

Adolescent Parents

ICAP: A Preventive Intervention for Teen Parents and Infants *Meredith Censullo*
Presenter: Meredith Censullo

Research on the development of infants exposed to either biological or social risks provides us with two compelling ideas that, when considered together, suggest that an intervention designed to strengthen the early relationship between the primary caregiver and infant has the potential to trigger a protective process that can prevent later developmental harm in vulnerable children. First, supportive responsive relationships play a prominent part in the life histories of children who develop normally despite exposure to biological or psychosocial risk factors. Second, learning begins with the first relationship between the primary caregiver and the newborn infant. Responsiveness in the early relationship is a potent predictor of later emotional and intellectual development in the child. Therefore, the quality of early parent-infant interactions is an important issue for preventive intervention.

Interaction Coaching for Adolescent Parents and Their Infants (ICAP) is designed to promote sensitive responsiveness in the ongoing relationship starting in the newborn period and continuing through the child's second birthday. An adolescent parent's successful participation in ICAP enhances self-esteem and builds confidence in the ability to parent at a time when the adolescent feels a compelling desire to succeed as a parent; an infant's participation in the intervention provides the experience of sensitive responsiveness upon which future relationships are built.

ICAP provides professionals with a standardized method to assess and coach sensitive responsiveness in the early parent-infant relationship. ICAP training includes a measure to assess responsiveness in parent-infant interaction, the Dyadic Mutuality Code, and interaction coaching, a method to promote sensitive responsiveness in the early relationship between adolescent parents and their infants. It fits very well with early intervention programs that include parenting components. The intervention has the advantage of being integrated into the routine care provided to all new adolescent parents without increasing the number of staff or client visits. The intervention is adaptable to different settings and has the flexibility to be used with individuals or groups, as well as with adolescent fathers, who are traditionally more difficult to engage in parenting interventions.

ICAP is designed specifically for nurses, social workers, and child care teachers who already have an ongoing relationship with teen parents and their infants and are involved in providing services until the infant is 2 years of age. ICAP is intended to begin in the newborn period, when adolescent parents are available and motivated to learn.

ICAP is designed as a preventive intervention to trigger a protective process that facilitates healthy development in both teen parents and their infants. No intervention can remove all the stress and adversity from the lives of vulnerable adolescent mothers and their children, but by coaching parents to respond sensitively to their infants, providers can take advantage of a powerful opportunity to build parenting competence and confidence at the same time they are fostering the child's cognitive and social development.

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Adolescent Parents

Prenatal Fetal Attachment in Primiparous Adolescent Women *Judith L. Apgar*
Presenter: Judith L. Apgar

Research that focuses on maternal attachment in the prenatal period has primarily addressed the adult mother in her third trimester. The few investigators who have studied the process of attachment to the fetus in the adolescent have reported findings inconsistent with those found in adult groups.

The theoretical framework for this study of prenatal attachment in adolescents assumed that through interaction in a warm and supportive environment, a positive feeling about one's self develops over time. It is this positive feeling that enables the adolescent to begin the attachment process through interaction with her unborn baby.

The purpose of this correlational study of indicators of prenatal fetal attachment was to determine if the process of prenatal fetal attachment occurs in primiparous adolescent women, and if so, in what manner. A second purpose was to determine whether the indicators of prenatal attachment are related to psychosocial factors (e.g., levels of self-esteem and anxiety), the extent of social support and health behaviors practiced, and the degree of perceived stress and ego development. The sample consisted of 40 adolescents; data were collected at four points during the gestational period.

Results of this study of pregnant adolescents support previous investigations, which suggested that the degree of prenatal fetal attachment increases over the gestational period. This study was also found to partially support the relationship between the phenomenon of prenatal fetal attachment and selected psychosocial variables that were suggested by the conceptual framework.

Adolescents with higher levels of currently perceived anxiety were less likely to report behaviors that would provide a healthy environment for the fetus. When adolescents reported a greater extent of affection from their mothers, they were more likely to view the fetus as distinct from themselves. When a greater extent of aid was provided by the mother as well as the father of the baby, the adolescents were more likely to provide a healthy environment for the fetus.

Some indicators of the degree of prenatal fetal attachment were associated with cultural orientation. For the group of Caucasian adolescents, a greater degree of perceived stress was positively associated with the adolescents imagining themselves in the mothering role. The degree of prenatal fetal attachment in Caucasian adolescents was also positively related to the extent of affection they received from their mothers, as well as the extent of aid they received from both their mothers and the fathers of their babies. Hispanic and, to a lesser degree, black adolescents were less dependent on this support and developed a greater degree of prenatal fetal attachment for their unborn babies regardless of the relationship they had with their mothers and their partners. The level of self-esteem did not reveal a significant relationship with the degree of prenatal fetal attachment, the level of ego development, or the extent of health behaviors practiced.

Focus on Teenage Motherhood: The New York City LYFE Experience

Madelon L. Finkel, Ruby T. Senie

Presenter: Madelon L. Finkel

An unintended or unwanted pregnancy has the potential to create a distinct set of multifaceted problems that many teenage women are ill-equipped to handle. Probably the most damaging consequence of teenage motherhood is the disruption of schooling. With more teenagers opting to give birth, especially those younger than age 15, it is important to provide the means to enable the young mother to continue her education while taking care of her baby.

In 1982, the New York City Board of Education, Division of High Schools, established an innovative school-based program to meet the specialized needs of school-age mothers and their infants. As of 1993, over 30 high schools housed a LYFE Center, where infants are cared for by social workers and family paraprofessionals while the young mothers are in class. The program teaches parenting skills and child development to a cohort of mothers who, in many ways, are still children themselves. To date, over 1,500 young mothers, of differing ethnic and socioeconomic subgroups, ranging in age from 11 to 19 have been enrolled in the program.

This evaluation focused on the extent to which the LYFE Program was meeting its objectives as measured by educational and work attainment, how the participants fared after leaving the program, and how their children fared in terms of physical and mental growth and development. An in-depth questionnaire elicited information on school progress, work history, fertility history, length of time in the program, social service needs, health problems of mother and infant, coping and parenting skills, and the baby's progress post-LYFE. A control population of young mothers matched by ethnicity and age at the birth of the child served as a comparison cohort. Analysis focused on the differences between the LYFE participants and the non-LYFE participants. Additionally, there was a focus on the characteristics inherent among those who graduated from the LYFE Program as compared to those who dropped out. The focus was to assess the effect of the program on the young mothers' lives and their babies' development.

A pilot study was conducted on 400 participants of the Manhattan LYFE Centers. Over 70% of this population were located, and there was a 100% response rate to the questionnaire. Findings from this pilot study indicated that the LYFE Program enabled the majority to complete high school. Of this cohort, the majority continued their education at a community college. Those who did not complete the LYFE Program were doing less well in terms of educational and vocational attainment. Many had had additional children, further complicating their ability to pursue their personal goals.

Adolescent Parents

Women's Stories of Christmas: Adolescent Mothers and Grandmothers

Pamela J. Burke, Diane Limbo

Presenters: Pamela J. Burke, Diane Limbo

Assuming the role of mother during adolescence means that the responsibility of caring for a helpless infant coincides with the time when an adolescent is struggling with her own developmental needs and striving for acceptance from parents, peers, and self. Adolescent mothers are likely to depend upon their own mothers for support; however, many adolescents have also identified their mothers as their major source of conflict. Becoming a grandmother while still involved in rearing one's own children forces the adolescent's mother into an additional role, one that she did not initiate and may not even want.

Motherhood offers a woman a second opportunity to work through childhood issues, while grandmotherhood offers a woman a second opportunity to work through parenting issues. Thus, adolescent childbearing can be an opportunity for rapprochement between mother and daughter, as they review their past relationship and attempt to negotiate future role responsibilities and relationships. The early mother-infant relationship has been regarded as prototypical for future relationships; however, intergenerational continuity in the quality of maternal behavior need not be a self-fulfilling prophecy.

Exploring a family's patterns of communication in the context of a normative social event may reveal not only the dynamics of intergenerational relationships, but also the meanings and messages that have been transmitted over time and are thus imbedded in the adolescent's sense of self. Narratives about childhood relationships and family events provide an important historical perspective or context for understanding adult attachment relationships. A qualitative study is being conducted to explore adolescent mothers' and grandmothers' narratives about past, present, and future (projected) family relationships; identify adolescent mothers' and grandmothers' perceptions of social support; compare adolescent mothers' and grandmothers' ratings of childhood relationships, depressive symptomatology, and social support; and identify strengths and problems in the mother-daughter relationship prior to and following the adolescent becoming a parent.

Because of the complex nature of relationships, this study employs methodological triangulation. The Kinetic Family Drawing-Revised, by Spinetta and Deasy-Spinetta, is being used as a projective technique for exploring family relationships at Christmas — past, present, and future. Participants also complete quantitative measures on social support (Reid & Ramey's My Family and Friends Scale), depressive symptomatology (Radloff's CES-D), and past relationships with family (Epstein's Mother-Father-Peer Scale) as a means of confirming and converging with the information obtained during the semistructured interview.

Many of the women interviewed have recounted tragic losses and violent victimization over the course of their lives. For some, holidays marked a respite from strife, as family members gathered to celebrate a happy day. For most, however, holidays were bittersweet reminders of life-long disappointment and deprivation. Nevertheless, these women embody an undeniable resilience and perseverance, as well as a rekindled spirit of hope that has been spawned by the birth of their children/grandchildren.

Adolescent Parents

Why Do They Participate? Adolescent Parenting Program Usage among Navajo Native Americans

Rochelle L. Dalla, Wendy C. Gamble

Presenter: Rochelle L. Dalla

Adolescent mothers are often disadvantaged compared to women who postpone childbearing. These differences may affect their children's development. However, poor parent and child outcomes are not universally characteristic of adolescent pregnancies. Intervention services often result in improved knowledge of child development, parenting skills, and educational attainment. The most effective programs are those designed to meet the unique needs of the young parents they serve.

The present study was conducted in order to determine factors responsible for American Indian Navajo adolescent mothers' participation in a school-based intervention program. Twenty-two American Indian Navajo adolescents participated; 17 were parenting and 5 were pregnant. They ranged in age from 16 to 21 years (mean = 17.7), and the majority (17) reported being single and living with their family of origin. Many (11) reported an annual household income of less than $10,000. Only two of the young women had no plans for graduating from high school. Half of the participants were enrolled in the Center for Child Care Occupations and Parenting Education program (COPE). This program is designed to help young parents earn a diploma, receive occupational training, improve their parenting skills, and have healthier pregnancies and children. The program is staffed by trained adults and high school student workers.

This investigation was conducted by a trained graduate student in a small, northeastern Arizona community on the Navajo Indian Reservation. Participants were located through local school personnel, the local health center, and COPE staff members. After giving consent, each participant provided demographic information about herself and then completed Marin, Sabogal, and Perez-Stable's measures of acculturation and Rosenberg and Simmons' measures of self-esteem. The parenting women provided demographic information about their youngest, or "target" child, followed by Abidin's measures of parenting competence, child acceptance, and feelings of being restricted by the maternal role. The pregnant teens completed Ruble's measures of parenting confidence and attitudes toward children. A qualitative interview, in which each young woman was asked questions concerning her usage or nonparticipation in the COPE center, followed.

These young women could not be differentiated in terms of their health, level of acculturation, or perceived self-esteem. However, Chi-Square analysis revealed that program participants were marginally more likely to be employed (Chi-Squared = 3.14; $p < .08$) and marginally less likely ($p < .13$) to be living with their families of origin than nonparticipants. ANOVA techniques revealed that program users reported significantly more ($F = 14.06$; $p < .001$) "risk factors," such as low birthweight, in their children than did non-users.

Interviews revealed that the respondents were more likely to utilize intervention services if they lacked other sources of child care and if they felt the services provided useful child development and parenting skills information. Reasons for not participating in the intervention included having alternate sources of child care and feeling embarrassed or ashamed. The most prevalent reason for nonparticipation was fear and mistrust of the student workers employed at the center.

Adolescent Parents

A Short-Term Teen-Parent/Infant Involvement Program *Gerry Luethy*

Presenter: Gerry Luethy

Research clarifying the importance of learning in a child's early years has highlighted the period from birth to age 8 as the most rapid time for intellectual growth. Children's intellectual futures are determined long before they enter school. While heredity may determine the range of intelligence, environment (including experiences, relationships, etc.) determines the extent to which the intellectual potential of the child will or will not be developed. Also, early learning and the effects of early experiences are extremely difficult to change, alter, or replace. The relationship between heredity and environment is crucial, particularly when considering the vulnerabilities of the adolescent mother and her infant.

Since the majority of U.S. public schools offer no special classes for parenting students, a collaborative program for these at-risk mothers was designed and implemented. It focused on the mother-child relationship through positive interactions and play. The program format incorporated child observation and interaction in the supportive and educational framework of age-appropriate activities, parent discussion and exchange, and teacher modeling. This program was an ongoing project and was held at the California State University at Northridge Family Relations/Child Development Laboratory.

The ultimate goals for the program were for the teen parent to achieve competence and confidence in her interaction skills with her child and for the child to gain socially and emotionally from the experience. The parent's behaviors and interaction skills with the child were assessed in a pre- and posttest at the first and last program meetings using the Mother-Child Relationship Evaluation Tool (MCRE) by Roth. This instrument is designed to measure attitude and behavioral change techniques of parents at risk.

There were significant results in the areas of less mother/child rejection and overprotection in this short-term program. However, the really important result was the fact that the socioeconomic, educational, or intellectual levels of the teen parents did not limit their willingness or effectiveness to learn how to interact positively with their children.

Adolescent Parents

A School-Based Mental Health Intervention Program for Adolescent Mothers and Their Young Children *Sharon Gordetsky*

Presenters: Sharon Gordetsky, Karen Clasby

Recent trends in infant research support thinking about mothering children as a function of relational dyads. In fact, the theoretical assumption of this pilot project was that parenting is viewed as a relational activity, and therefore the mother-baby dyad and the way they negotiate their relationship is the ongoing focus. This project reflected an integration of psychoanalytic theory, particularly the thinking of the British School of Object Relations, and the fund of information that developmental psychologists have been accumulating about infants, babies, toddlers, and their parenting figures.

A theoretical overview and specific clinical data from a pilot program for adolescent mothers and their children were presented. The pilot program represented a cooperative venture between an alternative high school for Boston inner-city youths and a neighborhood mental health agency. The model for this program could be replicated in public schools and community-based teen programs.

The initial phase of the intervention program began by videotaping each mother-child dyad. Although the psychologist, whom the mothers knew as a psychologist with "expertise in child development," was present throughout the taping, she initially adopted a more passive role, instructing the mother to play with her baby as she ordinarily would. Once taping was completed, a highly relevant, visual, child development "text" was created and provided the initial focus and core of the group meetings. Subsequent tapes of mother/child play interactions were made later in the academic year.

After watching the videotaped sessions together, the young mothers shared their observations and reactions. They were encouraged to observe the children's responses to the mother's actions and to pay particular attention to the mother's style of being with her baby that enhanced reciprocity (e.g., eye contact, voice-level matching, reciprocal cooing, and following a baby's lead in a play sequence). The mothers asked many questions: "Why is that baby crying?" "Isn't it going to spoil her if she picks her up when she cries?" In addition to providing a forum where the young mothers could ask questions, the group sessions also provided the young mothers with a safe, nonjudgemental arena in which to speak about their own feelings and frustrations and receive feedback from their peers, who were often more direct than the clinicians were. Although no easy answer to the seemingly impossible dilemmas that faced these young mothers daily was found, the young mothers appreciated the interest shown in them and their children. This, in turn, raised the level of interest and quality of observations on the part of the young mothers in relation to themselves and their young children.

Children with Special Needs

A Proposed Model for Identification and Intervention of Communicative Disorders in Spanish-Speaking Head Start Children *Henriette W. Langdon*

Presenter: Henriette W. Langdon

The English-language proficiency of Spanish-speaking Head Start children varies depending on language input. Children can acquire two languages with no difficulty if the home and the community support both languages. Determining a speech/language disorder in a young child exposed to two languages can be very difficult. There is limited information on how the languages were acquired and lack of knowledge of the best practices for identification and intervention. Research outcomes on language development in Spanish-speaking children vary somewhat, depending on the method and analysis of the data collected. Currently, there is more information on development of language form (syntax or grammar) in Spanish than on language use. In addition, there are few bilingual personnel trained in assessing and working with these children. This presentation attempted to provide some solutions to the problems stated above.

A child may be bilingual as a result of having been exposed to two languages from birth or having acquired a second language sometime during childhood. Generally speaking, the two languages develop independently when they are acquired simultaneously. Greater variations may occur with the sequential bilingual learner due to learner characteristics and the environment in which the second language is acquired. In both instances, children may make a few interference errors or use words from one language while speaking the other, but these "errors" should be minimal. By the time children are about 4 years old, they are consciously aware of speaking two languages.

The identification/assessment model proposed includes the following components: (1) The parent/guardian brings the child to a central school location. The team consists of two bilingual members (speech/language clinician and special-education teacher) and a monolingual English-speaking psychologist. While one team member interacts with the child, another observes, and the third one interviews the parent. The parent-child interaction is also observed. (2) Language samples are collected during play and during administration of specific formal test items. (3) Emphasis is given to what the child can do. Strategies that enhance performance on discrete-point tests, such as Spanish adaptations of Zimmerman, Steiner, and Pond's Preschool Language Scale (PLS-3) and Werner and Kresheck's Structured Photographic Elicitation Language Test (SPELT), are noted. (4) All data are supplemented with classroom observations, as well as with feedback from parents and teachers.

A greater emphasis is given to qualitative data because the norms are seldom applicable to the child's linguistic and experiential backgrounds. For example, the types of directions the child can follow, his or her comprehension of questions and comments, and his or her knowledge of various concepts are described. Strategies that enhance performance, such as repetition, rephrasing, additional modeling, or wait-time, are noted. Comments are made on the child's topic initiation, expansion, and maintenance. Language form, the structures used, and the child's production of sounds in words and connected speech are also described. Comparisons across languages are made whenever applicable.

A thematic approach is followed in meeting the written goals and objectives to improve the child's communication skills. The lessons are shared with the Head Start teacher. When appropriate, small groups, or the entire group, may participate in the lessons. The purpose is to "use authentic and purposeful communication interaction to teach language skills and incorporate the child's home/community communication events into those activities." (Beaumont) Parents are encouraged to watch the sessions, and notes are sent home every week or two with suggestions for follow-up activities.

When the children need continuing services at the kindergarten level, the clinician writes a progress report for the receiving school-based clinician. A close collaboration between the local school districts and the Head Start programs is maintained.

Emotional and Behavioral Disturbances in Preschool-Aged Children

Janice L. Genevro

Presenter: Janice L. Genevro

Many questions remain unanswered regarding complex relations among risk factors thought to affect children's adjustment. A theme reemerging from research on risk and adaptation, however, is that parental mental and emotional states are a critical nexus through which difficult life circumstances indirectly relate to children's emotional and behavioral adjustment. Empirical evidence, including this study of 93 mothers and children aged 24 to 33 months, indicates that some risk factors — such as the occurrence of stressful events — are related to specific aspects of maternal psychological adjustment, which in turn are related to children's adaptation. This evidence is consistent with models of parenting (e.g., those of Belsky and Dix) that depict parental psychological responses and characteristics as mediators of relations between specific risk factors and the emotional and behavioral adjustment of young children.

The development of the child's sense of self and capacities for the self-regulation of emotion and behavior appears to be particularly affected by the parent-child relationship, the nature and quality of which depend, in part, on parental well-being. From this perspective, attempts to identify, understand, and ameliorate risk factors for disturbances in very young children may be most productively focused on variables that are hypothesized to contribute to the quality of early parent-child relationships. For example, the degree to which stressful events affect parents' feelings of competence and emotional availability to their young children may better predict children's adaptation than does the occurrence of stressful events per se. It has been suggested that the parent-child relationship is the primary conduit through which the extra-familial environment affects the young child. Therefore, efforts to promote the emotional well-being and interpersonal skills of parents — as well as those of young children — may be important avenues through which early intervention programs can influence children's adaptation indirectly as well as directly.

Children with Special Needs

The Effects of Classwide Self-Assessment on Preschool Children's Engagement in Transition, Work Time, and Group Instruction *Linda J. Miller, Phillip S. Strain, Kimberly Boyd, Janet Jarzynka, Mary McFetridge*

Presenters: Mary McFetridge, Linda J. Miller, Phillip S. Strain

A widely used approach for improving children's task-related behavior in school is self-management training. This involves teaching children to monitor and assess their own behavior. As typically conducted, self-management training is comprised of procedures that promote correspondence between a person's verbalizations about his or her behavior (e.g., "I will sit in my seat" or "I did sit in my seat") and the actual behavior performed. The purpose of training is to increase the likelihood a desired behavior will be performed by reinforcing the occurrence of the behavior and its report. The current study sought to extend previous work by (1) examining a large-group approach to self-management in a typical classroom setting; (2) implementing the procedure across a variety of activity areas; and (3) examining the influence of self-management intervention applied in one situation on children's behavior in others.

The effectiveness of using a group self-management procedure to increase the on-task behavior of four disruptive preschool boys was studied. Measures of child and teacher behavior were obtained through direct observation during free play, transition, and small-group instruction activities. The classwide procedure was conducted by teachers in two classrooms located in a Head Start center in a large urban area. A "do-say-reinforcement" procedural model constituted the self-management intervention. First, students had the opportunity to conduct designated behaviors during the target activity (do); second, students self-assessed immediately following the target activity using a thumbs-up or thumbs-down gesture (say); and third, students earned reinforcement if there was a match between the teacher's and the child's assessment about the child's performance of the desired behavior. Use of these procedures required only one structured teacher-student interaction, thus necessitating minimal interruption of the group's activity time.

The findings from this study indicated that a classwide procedure involving opportunity to perform a behavior, self-assessment concerning the students' effort, matching with the teacher, and reinforcement dependent upon a match between teacher and student was effective at improving the on-task behavior of the target children while decreasing their inappropriate behavior in a variety of activities. The initial intervention during transition produced clear benefits for all the target students during transition with accompanying generalization to free play and small-group instruction.

Further, a summary of the social validation surveys completed by the teachers also indicated their overall endorsement of the self-assessment intervention package. According to the responses, the procedures were easy to implement and worthwhile to incorporate as routine practice. The teachers confirmed the benefits of intervention for the target students and identified the same benefits for the remainder of the class. These included improved self-control, more positive interactions with teachers and peers, better acceptance of correction, and students taking more responsibility for their own behavior. Moreover, teachers said that they had increased control of the classroom, more positive interactions with their students, and greater skill at specifying praise and correction. This information suggests that the classwide procedure was not only practical, but had utility for the teachers.

Children with Special Needs

Parenting Stress and Adjustment in Families of Extremely Low-Birthweight Children *Nancy K. Klein, H. Gerry Taylor, Susan Leib*

Presenters: Nancy K. Klein, H. Gerry Taylor, Susan Leib

This study compared a regional cohort of families with extremely low-birthweight (ELBW; < 750 gms; $n = 81$) children to matched samples of very low-birthweight (VLBW; 750-1,499 gms; $n = 77$) children and full-term (FT; $n = 68$) children on measures of child outcome, parenting stress, and adjustment. Outcome instruments included Woodcock Johnson, several behavioral measures, the Social Skills Rating System (SSRS; a 57-item questionnaire completed by the teacher), the Parental Stress Index (PSI; a 101-item questionnaire completed by the mother that measures both child and parent stressors), and the Brief Symptom Inventory (BSI; a 53-item parent self-report scale that assesses psychological symptoms).

The purposes of this study were to (1) determine whether group differences in child outcomes were accompanied by differences in parenting stress and adjustment; (2) determine whether a child's medical condition or developmental status predicted parent outcomes; and (3) examine the extent to which parenting variables predicted child outcomes.

Findings indicated that: (1) parents of ELBW and VLBW children experienced more stress than did parents of FT children, as measured by the Total Child Domain subscale and the Parent Attachment subscale on the PSI and the Phobic Anxiety subscale of the BSI; and (2) the child's medical condition and developmental status were predictive of parental stress, specifically (a) presence of a current medical condition was predictive of Demandingness subscale of the Child Domain subscale, Parent Sense of Competence subscales, and Total PSI on the PSI; (b) whether child was hospitalized was predictive of the Child Domain subscales of Acceptability, Demandingness, Total Child Domain, and Parent Sense of Competence subscale on the PSI; (c) presence of a medical condition at any time was predictive of PSI Child subscales of Acceptability, Demandingness, Total Child Domain, Total PSI, and the Sense of Competence subscale; (d) presence of a medical condition after newborn stay was predictive of Child Domain subscales of Demandingness, Distractibility/Hyperactivity, and Total Child Domain, and Total PSI on the PSI. Attending infant therapies, preschool therapies, and/or being enrolled in special education were predictive of Child Adaptability, Acceptability, and Demandingness subscales on the PSI.

Significant associations were found between Child Distractibility/Hyperactive subscales for attended infant and preschool therapies groups and the Depression subscale of the BSI for parents of children in special classes. Children having had surgery was not predictive of parental stress. Regardless of birthweight status, high parental stress was associated with low social skills as rated by teachers.

Finally, parenting stress was strongly related to achievement and teacher-rated academic and social skills controlling for birthweight and social risk factors. The Woodcock Johnson Applied Problems subtest was closely related to the BSI Life Stressors and Social Resources Inventory, while teacher-rated social skills were closely related to the PSI Total Parent Domain and the Life Stressors and Social Resources Inventory of the BSI. Results suggest that parents' perceptions of child characteristics are related to cognitive outcomes and that consideration of these factors may enhance identification of children at greatest risk for developmental and behavioral problems.

Children with Special Needs

Resiliency and Vulnerability among Abused and Neglected Children in Foster Care *Rosalind Folman*

Presenter: Rosalind Folman

Because of the increasing rates of drug abuse, family violence, poverty, and homelessness, the number of abused and neglected children entering foster care in the U.S. has been increasing at a rapid rate. In 1989 there were 360,000 children in foster care, an increase of 30% since 1987, and the number is expected to be over half a million children by 1995.

Adjustment patterns of foster children vary. Many are at high risk of being economically dependent well into their adult years or becoming involved in criminal or other socially deviant behaviors. It is not known what leads foster children experiencing comparable stressors to follow very diverse paths. A main obstacle to developing programs that will effectively assist foster children is the lack of good information on how they understand and cope with their situations. Feedback from the children has been minimal, despite the fact that it is only the children who have access to their inner feelings, thoughts, and experiences of foster care. In the current study, the children themselves were the focus.

This project involved 80 children (ages 8 to 14 years) who were removed from their homes for the first time within the previous 4 years because of parental abuse and/or neglect. They were selected from private agencies serving an inner-city area where approximately 80% of the children in foster care are African-American. The study excluded children placed because of emotional, behavioral, or medical problems.

Data were being obtained from the children through focus groups, in-depth semistructured interviews, projective tests, and standardized scales. Measures of the children's current functioning were obtained from school grades and teacher and foster parent ratings of children's adjustment and involvement at school, at home, and with peers. Indices of personal, academic, and social competence were developed. Data from case records were used to assess children's level of risk both prior to foster care and in care.

Analyses of data from the first 45 subjects indicated that the three different types of measures (scales, interviews, and projective tests) tapped three different levels of consciousness: immediate defensive responses, more openness in describing fears and feelings about their lives, and attitudes and feelings not expressed or denied in the interview responses. The combination of these procedures provided important information on the cognitive and affective processes of resilient and vulnerable foster children.

Interview responses revealed characteristics that differentiated children classified as resilient from those classified as vulnerable. Protective factors and coping strategies that may be unique to this population were identified. The focus group discussions revealed shared norms and values that deviated greatly from those found in normal development, for example, an absence of rules and values.

Analyses of the test results suggest that standardized measures may not be appropriate for this population. The children reverted to their initial defensiveness when given the scales, resulting in scores on self-concept, internal control, and depression that were inconsistent with their interview responses. These discrepancies provided information about the extreme defenses the children used in their attempts to maintain any semblance of self-esteem. This information further contributed to the identification of factors found in children classified as resilient.

This research on foster children's adaptation can assist in the identification of particular strategies and resources that are most effective in helping children to cope and can provide policymakers, program developers, practitioners, and foster parents with markers and guidelines.

The Educational Needs of Homeless Preschoolers with Disabilities: Implications of Research for Practice *Yvonne Rafferty, Ellen Gallagher Holmes*

Presenter: Yvonne Rafferty

Homeless preschoolers in the United States — especially those with disabling conditions — confront serious threats to their future academic success and well-being. This presentation described the educational rights of preschoolers with disabling conditions in New York City. It included a brief overview of relevant state and federal entitlement legislation and its impact on service delivery systems in New York City. Based on available research concerning the effectiveness of New York City's preschool program, the presentation highlighted numerous problems plaguing the evaluation and placement processes: the vast majority of children are being placed in segregated programs; not enough programs are available to serve all eligible children; providers of related services are in short supply; not all eligible children are being identified and/or served; children at risk of failure are not eligible for services; parents are often excluded from any meaningful participation in these processes; and alternative funding sources are not being explored.

A second goal of this presentation was to describe the additional barriers confronting homeless preschoolers with disabling conditions and the extent to which their legal rights and educational needs are addressed by the New York City Public Schools. This research indicated that homeless preschoolers were even more likely to be overlooked in the identification process and that they were routinely excluded from accessing available programs and services, including Head Start. In addition, children who were receiving services before the loss of their homes generally lost these services upon entering the emergency shelter system. Major barriers that prevent their timely identification and participation in appropriate preschool programs include factors related to social problems, the emergency shelter system, family difficulties, and social policy issues. The presentation delineated gaps in legislation, regulations, programs, policies, and practices and made recommendations for social policy changes to address identified needs and barriers.

Children with Special Needs

Translating Research into Practice in Transitions of Children with Special Needs *Nancy W. Simeonsson*

Presenter: Janey Sturtz

The purpose of this presentation was to describe an innovative research-based model for efficient transitioning of children from Infant and Toddler Services (Part H) to Preschool Services (Part B) as mandated by Public Law 99-457 and reauthorized as IDEA (Individuals with Disabilities Education Act). The mandate for a multidisciplinary approach to intervention for children who are at risk, or who evidence developmental delay, and their families has created new roles and responsibilities in the provision of integrated services and the need for critical attention to issues of transition. The PRIME model facilitates a "seamless" transition of children who are at risk, or who have developmental disabilities, from infant to preschool settings. Children needing transition assistance into mainstreamed settings include those who have chronic illness (e.g., AIDS) and serious injuries (e.g., head injuries associated with abuse and accidents).

The PRIME model was developed through collaboration among parents, professionals, and various North Carolina state agencies and consists of two components. The first component is a working document that encompasses recommended guidelines, procedures, and personnel competencies for transitioning children from Part H to Part B services. The model addresses key health concerns critical in the transitioning of young children with special needs. These issues reflect the mandate of IDEA, which stipulates that the Individualized Family Service Plan (IFSP), developed by the family with the intervention programs, specifies the steps to be taken to support the family during the transition of their child to the preschool program. To this end, it is important to identify the problematic issues associated with variability of children's behavior and health care needs, as well as those factors that may serve to optimize transitions.

It is recognized that chronic illness or disability affects every member of a family in some way and that each member is apt to respond differently. Thus, it is important not only to address the chronicity and complexity of the medical, social, emotional, or behavioral problems of these children, but also to take into account associated cultural and ethnic diversity among families. The challenge of meeting the needs and concerns of children and families in single-parent and multigenerational contexts is also encompassed in PRIME strategies.

The second component of the model encompasses training materials that are used to "PRIME" parents, professionals, and agencies in the transition process. Although the PRIME model was originally developed to facilitate the transition of the child with special needs and the child's family from Part H to Part B services, the implications for facilitating seamless transitions into the mainstream of preschool settings are clear. A major focus of the model has been to define the characteristics of the child with medical complications and to identify the implications for serving such a child in intervention and educational settings. The model addresses the process of transition along four dimensions: (1) children with special needs in integrated educational settings; (2) cultural competence in working with children with special needs and their families; (3) medical/health issues when mainstreaming and transitioning children with special needs; and (4) emerging trends and policy priorities for infants and young children with medical complications.

Two critical issues were identified through analysis of the data: (1) Professionals indicated a lack of knowledge regarding the care of children with special health care needs; and (2) professionals indicated that their lack of knowledge frustrated their ability to engage in successful parent/professional relationships. They indicated that their lack of knowledge impeded smooth transitions for children and families. Responses to the survey were summarized in a prioritized list of issues. From this list, potential and existing gaps and barriers to seamless transitions were identified.

Patterns of Improvement in Functioning for Children in Treatment at Two Child Guidance Clinics *Patricia Goth Mace, Anne E. Pidano, Dianna Aprea*

Presenter: Patricia Goth Mace

The work of two child guidance clinics was studied for the effects of treatment on the children seen there. Motivation to engage in the study stemmed from interest on the part of funders, as well as from the clinical staff, who sought a better understanding of the children in treatment.

All children between the ages of 2 and 18 who began treatment in a 1-year period, with the exception of those who had been committed to state custody, were approached about participating in the study. Behavioral measures were collected from parents or guardians and from clinicians. Parents completed the Achenbach Child Behavior Checklist at their first session and again 3 months after treatment had begun. Clinicians completed Axes IV and V ratings from the DSM III-R at the beginning of treatment and again 3 months later or when treatment was terminated.

Significant improvement in functioning was reported by both parents and clinicians. Children with higher initial scores were typically more likely to stay in treatment for at least 3 months. Children who were diagnosed with adjustment or posttraumatic stress disorders were found to have made the most progress, along with those where other specified family circumstances were indicated.

Interesting relationships were found between early factors in treatment and characteristics of termination. Those clients who failed to keep their second appointment were significantly more likely to end treatment without informing their therapists that they were not coming back and had significantly fewer sessions than clients who did not fail to keep their second appointment. An early shift in clinician also predicted fewer sessions and greater likelihood of an unplanned termination.

Children with Special Needs

A Prospective Study of Substance-Abusing Women and Their Infants: Psychosocial and Family Problems in the First Year Postpartum

Maureen Schuler, Prasanna Nair, Virginia Keane

Presenters: Maureen Schuler, Prasanna Nair

The purpose of this study was to evaluate the effectiveness of a comprehensive home- and community-based intervention with substance-abusing women and their infants on maternal empowerment, mother/infant interaction, and infant development. It was hypothesized that a comprehensive intervention program could "empower" substance-abusing women by enabling them to acquire skills to support and strengthen functioning, in turn giving them a greater sense of control and self-esteem. This greater sense of control and self-esteem could then allow substance-abusing women to make positive changes in their lives, such as providing a nurturing environment, leading to better developmental outcomes for their infants and decreased maternal substance abuse.

As part of this ongoing, longitudinal randomized study, 240 substance-abusing women are being recruited from the University of Maryland Hospital. All of the mothers who have been recruited ($N = 165$) have a history of drug use, and 86% report using heroin, cocaine, or both during the pregnancy. The mothers and their infants are seen for evaluations in the clinic at 2 weeks and 6, 12, 18, and 24 months postpartum. Mothers in both groups are referred to drug treatment programs, and infants in both groups receive their primary pediatric care at one of two clinics at the University of Maryland. Control mothers receive monthly home visits by an outreach worker in an attempt to reduce attrition. A parent advocate makes weekly home visits to the intervention mothers from birth to 6 months postpartum and biweekly home visits from 7 to 12 months postpartum. From 12 to 24 months postpartum, intervention mothers and their infants attend a comprehensive enrichment program at a Head Start-affiliated, community-based parent support center two days a week. The clinic evaluations include making developmental assessments of the infants, videotaping the mother-infant interaction, and assessing maternal reports of social support, stress, depression, infant temperament, child abuse potential, parental satisfaction, and drug use.

Preliminary analyses indicated that at the 6-month evaluation, infants in both groups scored within the normal range on the Bayley Scale of Infant Development. Mothers in both groups showed slightly higher rates of depression when compared to the normal population. Mothers in both groups were similar in their reports of infant temperament, stress, social support, and child abuse potential scores. The mothers and their infants continue to live in chaotic environments, as evidenced by the number of moves (50% of the mothers have moved at least once), continued maternal drug use (only 8% have entered treatment), the number of repeat pregnancies (23% have become pregnant again since entering the study), and the number of children (23%) placed in substitute care.

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Children with Special Needs

Foster Families and Early Intervention: Roles, Responsibilities, Strengths, and Needs *Michele Haney, M. Diane Klein*

Presenter: Michele Haney

As part of a larger study, open-ended interviews were conducted with foster families who care for infants with disabilities and infants who were drug exposed. The interview questions probed the motivations that led them to become foster parents, particularly of children with special needs, their experiences as foster parents, and the coping strategies and intervention techniques they found to be successful in their work.

Twenty-five foster mothers were interviewed; their average involvement in foster care was 9.8 years, with an average of 52 children cared for. All of the mothers had experience with infants who were drug exposed; 76% were currently caring for such infants. The mothers also dealt with a wide range of medical, emotional, and developmental problems with the babies. Eighty percent of the mothers had developed instrumental strategies, such as rocking, holding, and swaddling the babies, for coping with these problems; many had also learned to take breaks and "cooling off periods" to give themselves time to regroup.

The primary reason expressed for becoming a foster parent was love of babies (88% of the sample). A desire to make a difference in babies' lives was also frequently mentioned (68%). The mothers cited "the system" as being the most difficult thing about being a foster parent (60%), particularly social workers who were not responsive to their needs. Too much paper work and a lack of coordinated services were also mentioned. The parents used such strategies as "going over the social worker's head" (40%) and persistence (32%) to circumvent the system. Many foster parents also found it difficult to let the children go (40%). A variety of coping strategies were mentioned, including going through the grief process (48%) and trying to have contact with the receiving adoptive or natural parent (44%).

It is interesting to note the great value these foster mothers placed on their love for the children. Fifty-six percent cited love as the most important thing they gave the children; 68% mentioned stability and safety as well. Only two mothers in the sample (8%) thought that increasing the child's potential was the most important. This has interesting implications from an intervention standpoint and may help to explain the reluctance of many foster mothers to participate in early intervention activities. Coupled with a well-founded distrust of the system, the sense that love is enough can be a significant barrier to intervention. In addition, these parents may not have the child long enough to see the fruit of their efforts.

Overall, these foster mothers appeared to be a competent group, anxious to be understood as caring individuals. They expressed a need to have their opinions valued and were most disturbed by what they felt was a lack of respect for their position. These mothers were tremendous allies in this project, but a sense of trust had to be established first. Listening to the input of the foster parents and including them in the planning process was essential.

Children with Special Needs

Attitudes of Head Start Teachers towards Inclusion of Children with Disabilities in Head Start: Effects of Training *Gretchen Butera*

Presenter: Michael M. Gerber

Head Start programs are serving increasing numbers of children with disabilities for the following reasons: (1) as a community's only public preschool program, Head Start is frequently selected as a mainstreaming site for children with disabilities; and (2) since 1982, Head Start mandates have provided that at least 10% of the enrollments in each Head Start program must be reserved for children with disabilities. Evaluation of Head Start's efforts with regard to the needs of children with disabilities and their families has been scant. However, previous research, as well as this research, suggests that Head Start programs offer models of intervention that may be especially efficacious for the needs of these children and their families. A survey of the efforts of Head Start agencies in the state of California demonstrated a number of promising collaborative programs with other community agencies involved in early intervention efforts.

Optimal child benefits were obtained in the inclusion of children with disabilities and their families in general early childhood settings only when teachers employed strategies and made use of support systems that ensured the full and active inclusion of children with disabilities and their families. Teachers' attitudes towards, and use of, these strategies and support systems can be understood within a model of teacher decision-making. Greater variance in the children within a classroom or program means that resources must be spread across a wider range of developmental levels. Teachers' perceptions about the availability of resources were associated with more positive attitudes and greater use of strategies and support systems, because resources allowed them to effectively serve greater variance.

This study employed survey methodology to obtain measures of teacher attitudes and use of mainstreaming strategies and support systems. Sixty-four percent of all California Head Start agencies returned responses from over 50% of their teaching staff. Factor analysis of the survey responses produced five factors of teacher attitudes and use of support systems and strategies. Regression analysis identified variables that impacted teacher attitudes and use of strategies and support systems. These variables included teacher training, experience, special-education coursework, or in-service, and the availability of administrative support and adaptive equipment.

Child Development Associate (CDA) teacher training and credentialing is commonly employed in Head Start settings. CDA training is purposefully varied according to local need. CDA national policies emphasize that training is to be flexible, individualized, and based on self-assessment of professional need. Further, CDA training policies specify that training is to be referenced to teaching competencies and that it is to integrate field work with coursework. However, CDA training does not specifically address the needs of children with disabilities and their families. In this study, analyses of the surveyed Head Start teachers revealed that CDA-trained teachers scored significantly higher on measures of teacher attitudes towards children with disabilities and their families, and on measures of their use of mainstreaming strategies and support systems, than did non-CDA-trained Head Start teachers.

Identification of Socially Isolated Head Start Children *Shari B. Wasserstein, Daryl B. Greenfield, Susan Gold*

Presenter: Shari B. Wasserstein

The behavior of socially withdrawn children often goes unnoticed at home and in the classroom. Furthermore, research by Wasserstein et al. indicates that Head Start teachers perceive the behavior of socially withdrawn children to be similar to that of normal children. However, the behavior of socially isolated children is related to their later maladjustment, psychologically and emotionally. The issue of how to best identify socially withdrawn preschool children is still unresolved. Methods that have been used with this population include observations, sociometrics, and peer ratings.

As prolonged psychological observation by a clinician is impractical in that it is labor intensive, this study attempted to determine whether another method of identification would be appropriate with socially isolated Head Start preschoolers. In addition to the widely accepted method of observation, two other methods were examined as possible substitutes: teacher ratings and peer ratings.

Subjects were 74 children (39 boys and 35 girls) enrolled in four classes at an urban Head Start center. Criteria for inclusion in this sample required that data were available for the children on all three measures. Socially withdrawn Head Start children in participating classrooms were identified using three independent methods: (1) teacher ratings on Scott and Hogan's Adaptive Social Behavior Inventory (ASBI); (2) classroom observations of the amount of time that the child was alone and off-task made by an independent researcher; and (3) peer ratings in which children rated each of their same-sex classmates on their level of social interaction.

Interrater reliability analyses indicated moderate agreement between the raters' observations. Additionally, test-retest reliability analyses of the peer ratings indicated that the children were not consistently rating the same children as socially isolated. There were significant relationships within the types of identification methodology (peer ratings, teacher ratings, and observations). However, there were few significant correlations between types of identification methods. Although observations during children's play time outside was related to the peer ratings, there were no significant relationships between the ASBI and the peer ratings or observations. Furthermore, there was little concordance among the measures for the identification of socially withdrawn children. Rather than identifying one group of socially withdrawn children, many different groups of children who were exhibiting solitary behavior were identified by the different measures.

Thus, it appears that there is still a need for a more appropriate, less time-consuming method with which to identify socially withdrawn Head Start children. Perhaps teachers need to be trained to recognize the behaviors indicative of social withdrawal in order to become more accurate raters. Or, it may be that a more sensitive measure for the identification of social withdrawal needs to be developed for teachers. Future research in this area should address these questions, as the needs of these children are often overlooked in the Head Start classroom.

A Head Start Substance Abuse Prevention Effort: Why Collaboration Is a Must — Even If It Hurts *Janet Fraidstern*

Presenter: Janet Fraidstern

The mission of Project RIGHT START is to enhance the ability of Head Start to effectively address problems relating to alcohol and other drugs. RIGHT START will develop, implement, and evaluate a comprehensive model substance abuse prevention/intervention program designed to increase protective factors and decrease risk factors associated with the onset and development of alcohol and other drug abuse problems. This model will target the staff and parents who, with the children, comprise the Head Start community and the broader neighborhood of which it is a part.

Project RIGHT START is part of The Robert Wood Johnson Foundation initiative, "Free to Grow: A Head Start Partnership to Promote Substance-Free Communities," and was funded in October 1992. For the initial 2-year phase, program development for RIGHT START is taking place with Fort George Community Enrichment Center, a Head Start center in the Washington Heights neighborhood of New York City. The Head Start families are primarily immigrants from the Dominican Republic whose first language is Spanish. Mothers are the family members most often involved at the center. Families are living in an area where employment opportunities and housing are very limited. Child care needs are the least served in New York City, and drug use and drug trafficking affect all aspects of community life.

RIGHT START is overseen by a committee with representatives from Fort George Community Enrichment Center (the director and two parents); New York State Head Start Task Force on Alcohol and Other Drugs; U.S. Administration for Children and Families (Region II); New York State Office of Alcohol and Substance Abuse Services; Bank Street College of Education; and Alcohol and Drug Abuse Prevention Foundation. Each brings particular experience and expertise.

Key to development is the involvement of Fort George staff and families. RIGHT START's core development team and the Fort George administrative staff are links to the other Head Start staff and families. The Head Start director's commitment extends beyond the site boundaries and into the community. Her ongoing participation on community executive boards has helped provide the foundation for RIGHT START's effective community involvement.

To illustrate this developmental stage of the project, a display of the following materials was presented: a fact sheet describing Right Start; photographs of workshops showing parents involved in preparing and using materials appropriate to field work assignments in Head Start classrooms; the program of a community discussion on substance abuse listing approximately 60 community-based agencies that participated: and the flyer of a family literacy and intergenerational programming event bringing together community public school, library, Head Start, day care, and nursing home staff.

Collaborations and Partnerships

Inclusion of Families in Interagency Collaborative Forums

Donna Haig Friedman, Amy L. Glass

Presenters: Donna Haig Friedman, Amy L. Glass

This study examined the implementation of family involvement in interagency meetings at the local administrative and direct-service provision levels. Meetings were selected from the Early Intervention (EI) program and the Robert Wood Johnson Foundation Mental Health Services for Youth (MHSPY) demonstration project. These two initiatives are based on the assumptions that interagency collaboration reduces fragmentation of services, facilitates more efficient use of scarce resources, and enables families to access professional resources more easily. However, they differ in their commitment to involving parents in decision-making at the state and local administrative and direct-service provision levels. Parent participation in decision-making at all levels is mandated in the EI program while it is encouraged, but optional, in the MHSPY project.

Observations of working program groups followed by interviews were used to explore three aspects of parent involvement in interagency collaboration: (1) how parent involvement affected parent-professional partnerships; (2) how parent involvement influenced interagency decision-making; and (3) factors that affected the quality of family participation.

Findings indicate that policy mandates that simply direct agencies and providers to collaborate and include parents in the collaborations are not adequate. First, the demands on professionals to facilitate active parent involvement may differ, depending on the level of decision-making at which parents are being included. At the direct-service level, decisions have direct impact on involved families. Parents may feel more confidence in the legitimacy of their opinions, and their views may carry more authority with professionals at this level than they do at the local administrative level, where professionals have more inherent authority. Thus, they may have to work harder to prepare and legitimize parent representatives in the decision-making process.

Second, there are differences between teams that actively nurture family involvement and teams that lack avenues for inclusion of parents and a clinical model for building on family strengths and priorities. Teams that nurture parent involvement expressed optimism about, and satisfaction with, the effectiveness of the interventions being planned, the quality of relationships between collaborating parties, and the collaboration process itself. Teams with no avenues for including parents expressed discouragement and demoralization regarding their ability to help highly stressed children and families.

Third, certain factors are supportive of active parent participation in meetings with multiple professionals. They include the preparation parents receive before meetings; inclusive language by professionals; a comfortable level of formality; structural elements, such as familiarity of the physical environment; and a balance in the ratio of professionals to parents.

This study identified some of the complexities of including parents in the interagency collaborative process. Mandating or encouraging providers and administrators to include parents cannot be effective without considerable support to actualize sensitive, efficient, and effective integration of parents into their collaborative processes.

Collaborations and Partnerships

Variables That Influence Collaboration between Parents and Service Coordinators *Laurie A. Dinnebeil, Sarah Rule*

Presenter: Laurie A. Dinnebeil

Within the field of early intervention, collaboration between professionals and parents is highly valued. Although practitioners have emphasized the importance of building partnerships with parents, little is known about the variables that affect partnership strength. The purpose of this investigation was to explore variables that either enhanced or detracted from successful partnerships. This investigation was a 3-phase project in which Phases 1 and 2 occurred concurrently.

The first phase involved interviewing 30 parents and 30 service coordinators in the northern Utah area. Interview respondents were asked to describe characteristics of parents and service coordinators they perceived as enhancing or detracting from collaboration. During the second phase, a panel of five experts in the field of service coordination was asked to complete a questionnaire, identifying variables contributed by both parents and service coordinators that enhanced or detracted from collaboration.

The results of the questionnaires and interviews were content analyzed and used to develop a survey that was distributed nationwide to 1,468 parents and service coordinators through 65 early intervention programs. Over 600 respondents (397 parents and 223 service coordinators) identified variables that both partners bring to the relationship that may affect collaboration. Additionally, parents and service coordinators differed in the importance they assigned to characteristics labeled as "helpful" and "unhelpful." For these survey respondents, parents were more likely ($p < .000$) than service coordinators to (1) rate statements labeled as "unhelpful" as "greatly interfering", and (2) rate statements describing "helpful" parents as being "very important." A number of survey statements described the importance of similar personal characteristics between parents and service coordinators (e.g., "The service coordinator is from a different ethnic group or social class than the parent."). Although these statements were generally rated the lowest by both parents and service coordinators (either as "not important" or "not interfering"), parents were more likely than service coordinators to rate these statements as affecting collaboration ($p < .000$).

The results of this survey can help to delimit skills or behaviors that individuals learn to promote successful collaboration. These results may have important implications for professionals wishing to teach service providers how to be effective collaborators and for professionals wishing to support parents in their efforts to be active partners with service providers.

Collaborations and Partnerships

Personal Value Differences of Parents and Professionals: Influences on Partnership Success *Laurie A. Dinnebeil, Pat Truhn, Ann Athorp, Sebastian Striefel*

Presenters: Laurie A. Dinnebeil, Sebastian Striefel

The importance of collaborative relationships between parents and service providers is illustrated by Public Law 99-457, by the funding of 34 Comprehensive Child Development Projects (CCDPs) nationwide, and by the continuing mandate of the parent involvement component of Head Start and the Family Service Centers. Collaboration between parents and service providers is critical to successful early intervention efforts. The purpose of this study was to explore variables that influenced the degree to which parents and service providers involved in the Community Family Partnership (CFP) rated their partnerships as successful.

The Community Family Partnership is a Comprehensive Child Development Project housed at Utah State University's Center for Persons with Disabilities and funded through the Administration for Children and Families. Ratings of partnership success were determined using the Rating Scale of Partnership Success (RSPS), a 15-statement self-report measure designed for this study and available upon request from the authors. Statements included in the RSPS described characteristics of people involved in relationships. For example, one statement described how partners viewed each others' ability to communicate: "My CFP partner always communicates openly and honestly with me."

Results indicated that mothers involved in partnerships consistently rated their partnerships as more successful than their service providers did. In this study, mothers overwhelmingly chose high, positive ratings for RSPS items, suggesting a strong belief in the success of the partnership with their service providers. Because service providers were trained to establish close, supportive relationships with the families they serve, these results are not surprising. Service providers, on the other hand, were more discriminating in their ratings of relationships with mothers with whom they worked. Overall, service providers' RSPS ratings were lower than mothers' ratings, suggesting that service providers felt somewhat less positive about the success of their partnerships.

The individual items rated significantly lower by the service providers were characterized primarily by "interpersonal" characteristics such as listening, open communication, honesty, and acceptance. The number of home visits ***not kept*** by the mother was found to be related to service providers' RSPS ratings (-.669, $p < .001$), suggesting that mothers' social skills may influence service providers' perceptions. Finally, differences between the personal values of mothers and service providers accounted for 33% of the variance in service providers' RSPS ratings. The major limitation of this study lies in the small sample size, which constrains the degree to which these results can be generalized to other populations. Replication of this study with larger samples is urged. These conclusions are the views of the authors and are not to be attributed to the funding agency.

Collaborations and Partnerships

Issues in Promoting Positive Family-Professional Relationships: The Family Partnerships Project *Donald G. Unger, C. Wayne Jones*
Presenters: Donald G. Unger, C. Wayne Jones

Head Start has historically been committed to parent involvement. More recently, early intervention providers have become increasingly invested in developing a family-focused service delivery system (e.g., Public Law 99-457). This ideology of encouraging parental involvement, however, whether in Head Start or early intervention programs, does not easily translate into the reality of more parents participating and parents and professionals having more positive and collaborative relationships. This is particularly true of urban, low-income, single-parent families with biologically vulnerable and "at-risk" children. Many of these families experience a substantial number of chronic stressors that can constrain their functioning as individuals and parents and make parent participation a difficult challenge.

A major assumption of this research is that if a positive relationship can be cultivated between parents and early intervention and Head Start professionals, programs for young children can become a significant supportive resource for parents as well as their children. Also, establishing early positive family-professional relationships may help parents to more effectively acquire needed services in the future for their children who are at risk and/or with special needs.

The purpose of this presentation was to show preliminary results of the Family Partnerships research project. This project was designed to empirically examine the forces that shape the evolution of low-income, single parents' first relationships with helping professionals in early intervention, Head Start, and at-risk programs for young children and their families.

The current sample includes 180 families, drawn primarily from 18 inner-city intervention programs and Head Start centers located in Philadelphia, Pennsylvania and Wilmington, Delaware. Participating parents are mostly low-income, African-American single parents and grandmothers; the sample does include some fathers and foster parents. All families have children who are at risk and/or have special needs, and who are 4 years old or younger. The children in this research were recently enrolled, for the first time, in educationally based programs. Upon recruitment into this research project, families were followed for a period of 9 months.

This presentation showed the perceptions and expectations that parents/caregivers had of their children's programs as they initially enrolled their children. These views were contrasted with the views of staff concerning their programs' "environments" and opportunities for parent involvement. The goal of this research was to (1) enhance the precision, focus, and relevance of family-focused service-delivery strategies involving low-income, single-parent, minority families; (2) provide data-based guidelines for matching parent-related services with specific family characteristics and needs; and (3) provide clear, programmatic strategies for involving families who are most at risk for developing chronically disengaged relationships with teachers and other helping professionals.

Comprehensive Approaches to Early Intervention

The Texas Comprehensive Early Childhood Development Project: An Evaluation *Mary Tom Riley*

Presenter: Alfredo R. Flores

The Texas CECD evaluation is a $13 million dollar project of the Texas Department of Human Services through the Child Care Development Block Grant program. The evaluation program is conducted by the Institute for Child and Family Studies at Texas Tech University. Thirteen model programs were funded throughout the state to offer comprehensive, culturally appropriate child development services. The models ranged from metropolitan areas to underserved rural areas. The children served in the program ranged from 0 to 12 years of age.

Funds awarded to contractors were based on a statewide request-for-proposal process where each was evaluated according to specific criteria including, but not limited to demonstration of community support and ability to access non-Department of Human Services sources of continued funding; collaboration with other publicly funded early childhood programs such as prekindergarten or Head Start; and demonstration of positive outcome for children, as measured by their ability to function well upon entering elementary school.

The 13 contractors selected to administer the CECD project included Head Start program grantees, YWCA's, child care centers, and an association for retarded citizens. All of these contractors were also required to offer replication assistance to other child care providers specified by the Texas Department of Human Services, including consultation, workshops, and written and/or audiovisual materials.

Special requirements also obliged the providers of these projects to respect all children and families, and all races, religions, and cultures. Children with special needs were to be included with a supportive program to promote an understanding of people with disabilities through an accessible physical environment to meet the needs of children and their families. Parent involvement activities were to be included in all aspects of the program.

Among the core services that had to be offered included the following: (1) two caregivers for each group of children; (2) care based on developmentally appropriate curriculum; (3) child care during hours to meet the needs of families; (4) training activities for staff to improve skills; and (5) a career ladder with benefits and/or incentives for staff.

Family support services were provided to families to help them make decisions that fit their cultural, personal, and current situation preferences. Some of the services provided included (1) adult literacy; (2) drug programs; (3) training programs; (4) employment services; (5) family counseling; (6) transportation to care and other CECD services; and (7) parent education.

The evaluation process of the total project included two visits to each site by the evaluation team and a meeting of all the contractors with Texas Department of Human Services project officers and the evaluation contractor. Instruments were developed to assess all core and family support services, in addition to staff and parent measures.

Development of a Family Service Center Network in Three Rural West Virginia Counties through Head Start Programs *John M. Williams, Linda Barr*

Presenters: John M. Williams, Linda Barr

Family Service Center demonstration projects are expected to impact Head Start and other community service agency program operations by providing service integration across a broad spectrum of community agencies involved in education, public assistance, health, law enforcement, and other public services. A 1-year study of the process used to establish a Family Service Center network in an existing Head Start program in three rural counties of West Virginia was described.

Results to date provide evidence of more interagency cooperation and improved family services in the Family Service Center network, than in regular Head Start programs. Over 100 families originally enrolled in the Family Service Center project. By the time the project completed the first year of operation, 61 families had participated actively in the project, 34 families were minimally engaged in activities, and 7 families had refused to participate in the project or had dropped out of Head Start.

Few of the participating adults were illiterate, many required further education and employment training, and a few required counseling for physical or substance abuse. Family Service Center staff used group counseling sessions to identify client needs, and then made individual referrals to collaborating social service agencies, as appropriate.

Family Service Center case supervisors were able to achieve higher levels of intimacy with project clients than were regular Head Start staff, due to the greater length of contact with clients. Participants in Family Service Center activities most frequently characterized the activities as very helpful, appropriate, thought-provoking, and exciting. An interesting finding of the study concerned the differences between staff perceptions of services to clients and client perceptions of services received. In general, Family Service Center and regular Head Start clients seemed to think they were receiving more social services than staff thought they were receiving.

Barriers to development of Family Service Center networks identified in the study were interagency "turf" battles and enrollment constraints of existing service programs. The cooperative behavior of project staff was the primary facilitator supporting establishment of Family Service Centers in the rural counties studied.

Comprehensive Approaches to Early Intervention

Improve Head Start to Help Prevent Violence *Hirokazu Yoshikawa*
Presenter: Hirokazu Yoshikawa

Violence is on the rise in America. The juvenile arrest rate for murder rose 87% between 1980 and 1990, and it now costs an average of over $29,000 a year to keep a child in a juvenile facility. The problem seems intractable, but recent research suggests a road forward. Policies that address chronic poverty and the drug and handgun epidemics need to be coupled with comprehensive early intervention.

Why should early intervention work in preventing violence? First, chronic juvenile delinquency and the serious antisocial behavior that usually precedes it exhibit several characteristics that suggest that early prevention is viable: early age of onset, high stability, and lack of specialization in type of antisocial behavior. Second, programs combining comprehensive family support with early education have, in fact, prevented chronic juvenile delinquency and violence. These interventions — such as the Yale Child Welfare Project, the Syracuse Family Development Research Project, the Houston Parent-Child Development Center, and the Perry Preschool — are characterized by (1) length of at least 2 years, occurring between the prenatal period and age 5; (2) weekly or biweekly home visits providing parents with emotional support, information on childrearing and child development, and support for the parents' own goals; and (3) high-quality educational day care and/or preschool. The programs have had follow-up effects stretching over periods of 5 to 15 years in the prevention of chronic delinquency and violence.

How did these interventions achieve their effects? Evidence shows that the programs achieved long-term prevention through cumulative short-term protective effects on multiple early risks for chronic delinquency and violence. The family support component of these programs reduced the family risks of harsh parenting, large family size, child abuse, and low parental educational level. The early education component reduced the child risks of low early school achievement and early behavior problems. Both components are essential to attack multiple risks and prevent violence.

What are the implications of this evidence for Head Start? Head Start has tremendous potential as a national prevention program, but it lacks both the length and the comprehensive family support services that are essential to programs that prevent juvenile crime. As a first initiative, Head Start should be extended into infancy, and its family support and parent involvement components should be greatly expanded. We cannot afford to ignore this opportunity to help prevent violence while improving the quality of Head Start.

Comprehensive Approaches to Early Intervention

Collaborative Efforts for Improving Family-School Partnerships for Language-Minority Preschool Children *Sharon Lesar, Linda Espinosa*

Presenters: Sharon Lesar, Linda Espinosa

The Family Focus for School Success (FFSS) project is a model program that focuses on supporting and strengthening language-minority families and their young at-risk children. It is designed to provide high quality, active-learning preschool experiences combined with individualized parent/family education and support that can help children learn the necessary skills, attitudes, and dispositions to succeed in school.

The FFSS model interlinks three program components into a comprehensive intervention program. The "Home-School Collaboration Intervention" component addresses the philosophy of parent "empowerment." The need to provide support and guidance to parents is addressed through the "Parents as Competent Teachers" component. This process component is accomplished by establishing home intervention services for preschool children who have a high potential for failing in school. The need for parent participation in school and classroom activities is addressed through the "Family Functioning and School Involvement" component. This component extends the home intervention efforts to the school by linking families of at-risk children with the school through Family Resource Centers.

The attainment of the goals of the project requires extensive work with the family in the home. Weekly individual home visits with families are conducted by trained minority Spanish-speaking home educators. Their job is to work cooperatively with the parents and support them with strategies, skills, and information that empower them to be knowledgeable and responsible for the care and education of their children. A total of 69 children and families received home intervention services during the first year. A specialized parent education curriculum that addressed the personal and cultural characteristics of the low-income Hispanic LEP parents was developed.

The evaluation of the "Home Education" component assessed maternal teaching strategies, children's cognitive development, and children's language development in both Spanish and English. Children in the Program and Control groups ($N = 50$) were tested at the beginning and end of the school year. The findings from the assessments in the three different domains indicated that program children made substantial progress compared to the control group. First, the data for the language measures showed that program children made dramatic increases in their English-language development. The fact that they were able to do this, with no observable detriment to their Spanish-language development, shows convincingly that children in the FFSS program are in an additive rather than a subtractive bilingual situation, where both languages are developing in parallel fashion. Second, the program children had more substantive increases in cognitive performance. Third, program mothers, as compared to control mothers, became more verbal in their teaching, with substantive increases in both the number of directives and the number of questions in their teaching. The increase of questions suggests a movement of program mothers toward more collaborative teaching strategies, indicating that the FFSS program had a positive effect on mothers' teaching strategies. The results from the FFSS project support the concept that early intervention activities incorporated into preschool programs for language-minority children who are at risk for academic failure produce positive results.

Comprehensive Approaches to Early Intervention

One Year of Preschool Intervention or Two: Does It Matter for Low-Income Black Children from the Inner City? *Arthur J. Reynolds*

Presenter: Arthur J. Reynolds

Preschool intervention programs for economically disadvantaged children are a centerpiece of educational reform efforts and have funding priority at the state and federal levels. Although the research support for the efficacy of preschool programs on children's early social competence is substantial for a wide variety of programs such as Head Start, providing a second year of preschool has been increasingly recommended as a straightforward way to enhance effectiveness. A second year of preschool, it is argued, would strengthen implementation and service delivery, increase opportunities for social and cognitive stimulation, and provide additional health and nutritional services, thus leading to longer term effectiveness. However, the research evidence concerning its impact is sparse.

The present study evaluated the effects of a federally funded Head Start-type preschool program, the Chicago Child Parent Center (CPC) Program. Two questions were addressed: (1) Does an additional year of preschool increase the effects of preschool intervention over time? (2) Is this added benefit educationally meaningful and worth the extra investment? The study sample included 887 black children in the Longitudinal Study of Children at Risk. They enrolled in 20 CPCs in either preschool or kindergarten and were active in Grade 6 (Spring 1992). The preschool program is a structured half-day program for 3 and 4 year olds and is designed to promote children's school readiness and reading/language skills. As with Head Start and many other preschool programs, the CPCs emphasize the provision of comprehensive health services, parent involvement, and a child-centered focus. Children enrolled in preschool for one ($n = 365$) or two years ($n = 392$), or served as a no-preschool comparison group ($n = 130$). The groups were generally comparable on several sociodemographic factors including sex, age at school entry, parent education, parent expectations, and eligibility for free lunch. These factors were used as covariates in the analysis.

Child outcomes were measured from kindergarten entry to Grade 6 and included cognitive readiness at kindergarten entry (Iowa Tests of Basic Skills), reading and mathematics achievement (Iowa Tests of Basic Skills), teacher ratings of school adjustment, cumulative grade retention and special education placement, and parent involvement in school activities.

Major findings, based on analysis of covariance via multiple regression, indicated that 2-year participants enter and end kindergarten at significantly higher levels of cognitive readiness than their 1-year counterparts. Effect sizes (in standard deviations) for cognitive school readiness, kindergarten reading readiness, and kindergarten math achievement were, respectively, .25, .28, and .23 (effect sizes of .25 and above in absolute value were considered educationally meaningful). However, effect sizes of two years versus one year of preschool intervention were not statistically or educationally meaningful after the end of kindergarten for all outcomes. The overall effect size across all outcomes from Grades 1 to 6 was .15.

The findings of the study indicated that although 2-year preschool participants consistently outperformed 1-year participants on all outcomes, differences were not statistically or educationally significant (beyond chance) from Grade 1 through Grade 6. Although these correlational findings should be interpreted with caution, this study suggests that providing a second year of preschool may not yield gains proportional to the first year of preschool intervention.

Comprehensive Approaches to Early Intervention

A Follow-Up of the Parent-Child Development Centers *Dale L. Johnson, Janet Blumenthal*
Presenter: Dale L. Johnson

Three parent-child development centers in Birmingham, Houston, and New Orleans operated as research and development programs from 1970 to 1978. They grew out of the war on poverty and were designed as an alternative to Head Start in that they functioned with very young children (birth to 3) and trained mothers, in order to provide continuity of enriched experience. Their goals were to prevent school failure and behavior problems in children.

Early evaluations showed short-term effectiveness. The present study followed program graduates and control (random assignment had been used at intake) families 6 to 11 years after program completion. The follow-up included children who were in the program with their mothers and a sample of older and younger siblings. Achievement test results, grades, retention in grade, and teacher ratings of competence and behavior problems were collected in schools. Mothers were interviewed about the child's behavior problems and school performance. Mothers completed the CBCL measure of behavior problems.

Few significant differences were found between program children and control children at the time of the follow-up. No significant differences were found for Birmingham and New Orleans. Significant differences were found for some school achievement measures for the Houston program.

It was concluded that the effects of continuing poverty have tended to nullify program effects. It is recommended that poverty parents be provided with ways to rise above the limitations of low income and that children of low-income families continue to receive enriched educational experiences throughout their educational careers.

Comprehensive Approaches to Early Intervention

The Better Beginnings, Better Futures Project *Ray DeV. Peters, Gordon Polson*
Presenter: Ray DeV. Peters

The Better Beginnings, Better Futures Project is a longitudinal, social policy, research demonstration project for over 3,000 young children, between conception and 8 years of age, and their families in the Canadian province of Ontario. This project, based on an ecological model of child development, has three major goals: (1) prevent serious social/emotional, physical, and cognitive problems in young children; (2) promote the development of these children; and (3) enhance the abilities of families in socioeconomically disadvantaged communities to provide for their children. The Better Beginnings Project involves a unique collaboration among three major partners: 11 Community Program Sites, a Research Coordination Unit, and a Government Committee.

Based on a province-wide competition, 11 communities were selected for 5 years of funding to develop and implement high-quality prevention programs for young children and their families. These programs are required to involve community residents as well as local service providers in all aspects of decision-making, including programming, staffing, and financing. Eight communities, four of which are Native Canadian, are focusing their programs on children between conception and 4 years of age, while the other three are concentrating on 4 to 8 year olds.

A separate competition was held for a consortium of multidisciplinary researchers to develop and implement research across the 11 program communities, as well as in several nonprogram comparison communities. The resulting Research Coordination Unit (RCU) consists of 12 university researchers representing the disciplines of child development, community psychology, education, program evaluation, sociology, economics, nursing, nutrition, and family studies.

The RCU is implementing a research plan to follow the children beginning prenatally or at 4 years of age through their mid-20s. Gathering information on community-based projects requires collaborative relationships among researchers, local service-providers, and program participants. These relationships have been established through local RCU site researchers and local research committees, which include community residents and service providers.

There are three major research issues being addressed: (1) the size of program effects on a broad range of child development, family, and community variables; (2) the structures and processes associated with program effects employing process evaluation and organizational analysis; and (3) the costs associated with program effects. A 15-person committee of representatives from three Ontario Ministries, Social Services, Health and Education, and the Federal Department of Indian Affairs, is responsible for providing guidance, monitoring, coordinating, and approving the Project to the 11 community program sites, the RCU, and the funding partners.

The Better Beginnings, Better Futures Project represents a unique attempt by a provincial government to fund a longitudinal social-policy research demonstration project. Due to the ecological perspective inherent in the Project, a team of multidisciplinary researchers is coordinating research activities across culturally diverse communities. Unlike many demonstration projects that are designed and implemented exclusively by externally funded, university-based researchers, the Project requires direct involvement in decision-making regarding program and research activities by local community residents and service providers.

Comprehensive Approaches to Early Intervention

Margaret Cone Preschool *Mary Fulbright, Peter Gaupp*
Presenters: Mary Fulbright, Ann Minnis

Margaret Cone Preschool, an initiative of Texas Instruments Foundation (TIF), includes collaborative efforts with Head Start of Greater Dallas, the Community Services Development Center (CSDC), The University of Texas at Arlington (UTA), the Dallas Independent School District, Southern Methodist University, and various departments of the City of Dallas. TIF's Board of Directors decided to emphasize problem prevention and education. After studying the results of the Perry Preschool research, the TIF commissioned a study in Dallas by the Community Services Development Center at UTA. This study led to the design of the Margaret Cone program and the selection of Head Start as a collaborative partner in TIF's efforts to improve education.

Margaret Cone Center was designed to become a "model" preschool program for all the 4-year-old children who live in one very poor, public elementary school attendance zone. The program seeks to match the developmental opportunities that the children's counterparts in more affluent families enjoy. TIF funds the Center's operation for extended days, year-round. The TIF grant augments the director's and teachers' salaries to secure and maintain high quality personnel. Additionally it funds, on site, a full-time nurse practitioner, two social workers, and a secretary/data processor. The long-range goal is for the graduates of Cone Center to complete high school and secure a job with the possibility of future advancement or further education.

CSDC is conducting the evaluation component, which includes an assessment of each child, a follow-up of the children into the local elementary school, and a survey of the parents. The Center uses the Battelle Developmental Inventory (BDI) in pre- and postassessments. The mean scores in the postintervention assessment reflected continuing significant deficits in the children's communication and cognitive development. Standardized scores on the Iowa Test of Basic Skills (ITBS) of the Cone children attending kindergarten in the local elementary school have been consistent with the results of the BDI. Despite the rich resources developed at Cone, children enter kindergarten developmentally behind their chronological age. The children are not entering school "ready to learn."

To give the children enriched learning opportunities and to correct the deficits, several efforts are underway to strengthen the curriculum at Cone Center. Teachers are attending specially designed in-service programs in order to help the children improve their language, prereading, and cognitive skills. A new incentive program encourages parental involvement in the children's education. Cooperative efforts with the local elementary school assure the continuation of the children's progress.

Cone Center demonstrates that a nurturing environment is necessary, but not sufficient, for children to be "prepared to learn" when they enter school. The organizational and functional systems approaches at Margaret Cone Center Head Start aim to provide the children with a complete array of opportunities that will enable them to meet or exceed the achievements of their peers who have comparable opportunities at home.

Comprehensive Approaches to Early Intervention

Does It Work? Evaluating Integrated Multigenerational Approaches to Early Intervention *Carolyn Herrington, Irving Lazar, Jules Manquart*

Presenters: Carolyn Herrington, Irving Lazar, Jules Manquart

A number of communities around the country are establishing alliances of businesses, government agencies, human service providers, and educators to ensure that every child is born healthy, grows up healthy, is nurtured by informed parents and caregivers, and has access to quality preschool programs. These initiatives generally have broad goals: to increase awareness of the needs of young children; to improve access to community-based services; and to foster collaborative efforts in the community. One mechanism for implementing the goals is the establishment of family resource centers in targeted low-income areas of the community.

The three major purposes for evaluation are (1) to assess how well the integrated services program is working and to feed back information for continuous quality improvement; (2) to determine the effectiveness of the program in improving the lives of children and families — that is, to assess the outcomes for the children and families served by the program; and (3) to determine if the process of collaborative planning and service delivery is effective, and if the resulting working relationships lead to an improved system of services for the families.

The evaluation framework includes four components. (1) Community context: Understanding the community and the persons living in the community is essential for beginning to determine how any additional program or services may affect their lives. (2) Program: Integrated service delivery is not a specific intervention with a beginning and an end. In this case, the program is defined by a set of components: outreach; case management by the family advocate; determination of benefits eligibility on site; provision of some services on site, such as prenatal and well-child care; and collaboration with a variety of agencies, some located at the site and others elsewhere in the community. (3) Processes: Who uses these programs and what happens to them over the course of the program? (4) Implementation: This framework also includes collecting information on how the program is actually carried out. This includes assessment of the implementation of the major components, the flexibility and adaptability of the model as it is operationalized, and the workability and effectiveness of governance structures.

It is important to assess impact on families and the service system over the long and short run. The goal is to identify which kinds of families benefit most from which types and combinations of services. With regard to the service system, important questions are whether the result is an improved and integrated service system results and whether the new service system provides savings in the costs of services in the long run.

Parental Perspectives on Kindergarten Curriculum: Two Sides of a Coin

Theresa Ann Graham, Shin-ying Lee, Harold Stevenson
Presenter: Theresa Ann Graham

Recent reports have documented differences in mathematics achievement between Asian and American children. By the first grade, an achievement gap exists that continues to widen as children progress through elementary and high school. One explanation often given is that American children come to school ill-prepared to meet the challenges of elementary school. From this, some have argued that more attention needs to be paid to preschool and Head Start education. It is believed that the earlier children begin school, the better off they will be once they enter elementary school.

Discussions of the expansion of Head Start and preschool programs have resulted in a debate about the content of preschool curricula. Should preschool education emphasize the learning of academic subjects to provide children with a "head start" once they get to first grade? Or, should socialization skills be emphasized and academics be "held back" until children are cognitively ready? Given this debate about the content of preschool curricula, it seems constructive to look at other cultures to explore their views of early education. This study explored the attitudes and beliefs of American and Japanese mothers about the purpose of preschool education and its impact on elementary education.

Twenty-four kindergarten classes were selected in both Minneapolis, Minnesota and Sendai, Japan. Six boys and six girls were randomly selected from each kindergarten. The mothers of these children were individually interviewed by trained researchers from their respective countries about their beliefs about kindergarten education and future expectations of their child's educational experiences.

Significant differences were found between Japanese and American mothers' views of preschool education and the time when they felt that academic-related skills should be learned and emphasized. More Japanese mothers (91.2%) than American mothers (55.4%) expected that their child's kindergarten experience would enhance their child's social development. Over 25% of the American mothers, compared to only 2.5% of the Japanese mothers, expected their children to encounter academically related activities. In terms of homework, fewer Japanese mothers than American mothers felt that teachers should assign homework to their children while in kindergarten. Additionally, Japanese mothers reported that it was more important to help their children with social skills, whereas significantly more American mothers felt that they should actively help their child with academically related topics. Finally, fewer Japanese mothers reported teaching their child academic skills such as the alphabet, counting words, or addition.

In general, American mothers seem to stress academics much more strongly and at a much younger age than do Japanese mothers. Japanese mothers seem to focus on readiness and social aspects of development for preschool-aged children. The Japanese model of preschool education provides an alternative example of how to prepare children for later learning that should be considered when pondering the purpose of an educational focus during preschool.

Translating Research into Practice: The Expansion of a Drama/Sign Language Program for Low-Income Preschool Children

Victoria Brown, Angela O'Donnell

Presenters: Victoria Brown, Angela O'Donnell

This project involved a larger scale implementation of a previously tested language program. Approximately 600 children from 29 preschool and Head Start classrooms were included in the program. Twenty teachers received extensive training by a drama specialist. The goal of the project was to minimize the role of the drama expert and expand the role of the practitioner in order to reach as many children as possible. The project also sought to replicate the results from a previous research project that demonstrated that the use of a drama/sign program significantly improved the language scores of low-income children in comparison to a matched group of children who did not receive the program. The research was based on theories that suggest that young children perceive, retain, and produce visual and physical modes of communication more easily than oral/aural communication. Using a combination of communication modes for instructional purposes can provide multiple cues for language storage and retrieval.

A significant difference between this project and the previous research is that master teachers from the latter were trained to supervise the drama/sign program. The three master teachers led planning meetings and provided feedback and support through classroom observations during the school year. A drama specialist had served this role in the previous study.

A total of 233 children were randomly selected for testing. The first analysis of the children's language scores was a repeated measures analysis of variance with the group (experimental or control) serving as the single between-subjects factor and the time of testing (early fall or late spring) as the within-subject factor.

The results of the study showed that children in the experimental drama/sign groups significantly improved their language scores over children in the control group. Despite some difficulties along the way, teachers were uniformly positive in their evaluation of the program. They expressed comfort and confidence in using the drama/sign activities. In addition, they responded favorably to the features of the support system (school-year meetings, classroom visits). Teachers also reported a high level of satisfaction with the activities, the effects of the activities on the children, and the effects of the program on their own teaching. Specifically, teachers reported that the children enjoyed the activities and that their social skills and use of imagination also increased as a result of the program. One year later, most teachers continued to use the program. Teachers' responses to the program were slightly more positive after the second year than after the first.

A significant aspect of these results is that the initially demonstrated positive effects associated with the drama/sign program were found with a much larger sample of children. Furthermore, the second implementation of the program relied heavily on the regular teacher to implement the activities. While the drama specialist served in a more detached, supervisory role. Implementation of programs by regular personnel must occur if such programs are to have long-term success.

The Psychological Competence Curriculum Trial: Results of Year I of Implementation *Joseph M. Strayhorn, Donna DiPrima Bickel*

Presenters: Joseph M. Strayhorn, Donna DiPrima Bickel

This project examined an intervention designed to increase the psychological skills of children in preschool and kindergarten classrooms in an urban public school system. The psychological skill most emphasized was taking pleasure in acts of kindness and cooperation.

The investigators trained a set of teachers to use the Psychological Competence Curriculum. This curriculum is contained in two manuals for teachers, approximately 150 illustrated "modeling stories" for children, approximately 150 scripts for "modeling plays" for children, some 15 "modeling songs," a set of prosocial moral dilemma stories, and a set of prosocial vignettes illustrating basic concepts. The first teacher manual seeks to promote positive interactions between teachers and students without which the curriculum is sure to fail. The second teacher manual describes specific developmentally appropriate activities for teachers to carry out in the classroom. Teachers worked on these concepts in about 5 days of group workshops with the investigators.

The following is a description of some of the classroom activities. The teacher read modeling stories to children, projecting each story onto a screen with overhead transparencies. Then the teacher chose students to act out the story. As the teacher read the story again, the students acted out the plot. The teacher used toy people to act out a "modeling play" script for the class. The teacher allowed the students to use dramatic play as an independent activity and used attention to reinforce any prosocial plots performed by children in their unstructured play. The class sang the modeling songs together and then did a "dance and freeze" activity. The teacher reinforced immediately any kind acts, examples of good problem solving, acts of frustration tolerance, or any other positive patterns in a child. The teacher also recorded the positive acts in a positive behavior diary. The story of the kind act was memorialized by the teacher who constructed, or helped the children construct, a new modeling story, modeling play, or modeling song recounting the specific deed of the child. Thus, students other than the one who performed the positive action were given realistic models of positive behaviors that they could strive for.

The initial trial took place in six classes taught by four teachers; six other classrooms taught by six teachers served as a comparison group. The Conners Teacher Rating Scale, the Psychological Skills Inventory, and several academic tests were used as outcome measures. The degree of implementation of the curriculum was measured by asking teachers to keep track of how often they performed the prescribed activities.

If the individual student was used as the unit of analysis in this study, it appears that the experimental group children improved significantly more in teachers' rating of Conners Scale Conduct problems and Hyperactive Index than did the comparison group children. Similar analyses favor the comparison group with respect to the California Achievement Test and the tests of letter and sound recognition. A number of methodological problems preclude confidence in these results; several methodological refinements are necessary before firm conclusions can be drawn. Nonetheless, anecdotal data and observations provide confidence that the intervention is promising.

"Hands-On" Computer Enrichment: An Effective Component for Head Start Preschoolers to Reach Academic Parity

Howard K. Goldmacher, Robert L. Lawrence
Presenter: Howard K. Goldmacher

The DeKalb Economic Opportunity Authority (EOA) Head Start program was the first in the nation to incorporate a computer enrichment program and a performance measurement program for its 500 "at-risk" preschoolers. The program engages a private educational service company that provides professional teachers, computers, and a multi-year computer curriculum for the Head Start program. This project examined the performance measurement program results that determined the initial state of academic and social skills readiness, as well as the comparative improvements in student performance, between "intervention" and "control" groups.

Initial measurements showed that Head Start students ranked in and about the 10th to 12th national percentile for virtually all academic skills (math concepts and logical operations, language, memory and auditory/visual perception). Documented performance improvements in whole-language development, self-esteem, self-confidence, memory, math ability, prereading, and an overall improvement in readiness skills for the intervention children confirmed teachers' anecdotal observations. The dramatic improvements registered were on the order of 200% to 400%.

Data were gathered on student academic and social capabilities at the outset of the program and the conclusion of the school year (7 months later). The McMillan/McGraw Hill Developing Skills Checklist (DSC) and the Consultant Psychologists Press Behavioral Academic Self-Esteem (BASE) tests were used for academic and social skills determinations respectively. Variants of the "Draw a Picture" test were also used for attitudinal assessments of intervention and control populations.

Areas of interest included (1) the dramatic improvements in academic readiness of Head Start preschoolers and the positive emotional benefits of experiencing success rather than failure during their initial public school encounter and (2) the roles played by the teachers, curriculum, and computer in achieving improved learning skills of the at-risk preschool populations. Additionally, the surprises encountered in conducting the field tests, despite detailed pretest planning and training, provided a treatise on "lessons learned" for potential field-test planners. The presentation detailed the comparative results of academic and social-skills testing of two groups of Head Start preschoolers. The intervention group (120) received the computer enrichment intervention, while the control group (120) received the normal Head Start regimen at the DeKalb EOA Head Start program. Data were collected in subgroups of children aged 38 to 47 months, 48 to 55 months, and 56 to 61 months. Comparisons of statistically significant parameters were shown in both raw score and national percentile terms. The results of a second phase of testing to determine the effects of intervention duration, two terms versus one, were detailed for language and memory skills. In this latter phase of testing, the comparative pre- and posttest data collected were plotted as a function of percent of class (ordinate) versus national percentile ranking.

This program has led to a research proposal approved by the DeKalb School System to determine the robustness of the gains experienced by tracking groups of at-risk intervention and control students through kindergarten, first, and second grades.

Promoting Creativity in Multilingual, Multicultural Head Start Classrooms

Nancy B. Wyner

Presenters: Nancy B. Wyner, George Scarlett

The purpose of this 3-year exploratory, qualitative research project is to help teachers value creativity, understand creative processes, take an active role in helping the child work creatively with art materials, and, most importantly, include linguistic-minority children in art experiences where they can demonstrate their natural expressive strengths and spontaneous ideas.

The staff has become increasingly skillful and competent in their efforts to promote and nurture creativity in the classroom through the combined strategies of staff development and teacher workshops on creativity, child development, multicultural education, and assessment; biweekly discussions with the Project Director; and the involvement of teachers in the collection and assessment of children's art work. Teachers have initiated increased opportunities for small-group activities and positive social interactions in the context of art work. In this more supportive setting, the linguistic-minority child's "outsider" isolation behaviors are minimized, and linguistic barriers are reduced. In the process of working with art media, children demonstrate growth in early writing and reading, social interactions, and communication.

The project assessment is threefold. First, children's products in a variety of two- and three-dimensional media are collected and placed in portfolios. They are then analyzed using ordinal scales for describing and evaluating the art work. These assessments answer questions about whether or not children attempt to symbolize; whether they use the range of a medium's properties to represent location, line color, and size; and whether they use imagination, originality, and organization in making their object. Complementing this assessment are weekly observations of the five classrooms at the center. In addition to assessments of products and processes, each teacher is interviewed at least twice during the year. These interviews focus on teacher awareness of the culture of the classroom as a setting that is receptive to creative expression; understandings about interrelationships between teaching, child development, and cultural diversity; and the significance of teacher involvement in collaborative planning and implementation of multicultural creativity development opportunities.

Based on a survey of teacher beliefs, Teacher Assessment of Developmentally Appropriate Classroom Experiences, teachers in the study rated social interaction significantly higher at the end of Year 2. A child's solitary activity was rated significantly lower than in Year 1. Changes in teacher beliefs and attitudes about the importance of engaging children in art activities appeared to be influenced by increases, particularly among linguistic-minority children, in self-expression and social self-expression; the appearance in drawings of graphic properties chosen to represent location, size, and shape; and beginning literacy development. Evaluation of the Year 2 staff development course indicated that teachers felt a greater sense of competence and preparedness in using different art materials to plan developmentally appropriate learning and helping linguistic-minority students use art materials to represent their feelings, ideas, and observations in the process of becoming makers of their world.

Family Ecology/Systems Approach to Family Research

The Effects of Family Structure on Educational Attainment: Do the Effects Vary by the Age of the Child? *Steven Garasky*

Presenter: Steven Garasky

Projections are that one half or more of the children living in the United States will spend at least part of their childhood in a single-parent family. One in four children are projected to live in a stepparent family. Should we be concerned? Growing up with only one parent or living with a stepparent has been related to attaining lower education levels. Not completing high school often leads to lower earnings, lower occupational and economic attainment, and greater likelihood of receiving welfare assistance when adults.

Head Start serves preschool children from disadvantaged backgrounds in the hope that they will perform better when they enter school and that they will be more likely to graduate from high school. This study considered how the various family structures a child experienced throughout his or her childhood are related to the likelihood of graduating from high school. This study expands the literature regarding family structure and educational attainment by disaggregating single-parent and stepparent family structures in which a natural parent is living with the child. Additionally, family structure experiences were considered across four distinct periods: birth through age 3, ages 4 through 6, ages 7 through 10, and ages 11 through 14.

The results of this study revealed that the impact of family structure varies by both the type of family structure that is experienced and the point in the child's life when the experience occurs. Between birth and age 3, children who spend most of their time in a father-only or father and stepmother family structure have a lower likelihood of graduating from high school compared to children who live in other family formations. Children who spend a majority of their time from age 4 through 6 in mother-only families also are less likely to graduate from high school. Children who experience a change in family structure between birth and age 3 have improved chances of becoming high school graduates. Changes in family structure during any of the other three time periods negatively affect graduation probabilities. Living in poverty is negatively related to high school graduation. Children from larger families are less likely to graduate, although the magnitude of the effect is lessened if the siblings are older rather than younger. Finally, outside support groups — reflected in whether or not the child attended religious services — have a positive effect on high school graduation probabilities.

Information from this study can be used to identify indicators of preschool children who are at risk of not graduating from high school later in life. The effects of family structure on educational attainment are strongest during the preschool years. With respect to public policy, the expansion of programs like Head Start, which support children from disadvantaged backgrounds before they reach school age, is consistent with these results. Additionally, support from outside the household positively affects educational attainment. Social services, community centers, and any organizations and activities that provide role models and mentors to children should continue to be encouraged.

Family Ecology/Systems Approach to Family Research

A Paradigm of Using Practice-Guided Research: Enabling Service Providers to Direct Future Research *Solomon G. Jacobson, Deborah T. Carran*

Presenters: Solomon G. Jacobson, Deborah T. Carran

Service providers should help drive the human services reearch agenda. Service programs collect large amounts of data, at great expense, to satisfy federal, state, and regulatory requirements. Few researchers or providers ever use these data. Reasons include lack of funds, time, and interest in data editing and analysis. If properly organized, service providers can use these data to answer their own management and policy questions. Service providers can obtain results that are immediately useful at much less expense than can third-party investigators.

This presentation suggested a way to set up data to allow service providers to develop their own research agendas. Based on a family support services project funded by the state of Maryland, the researchers solved technical problems in order to merge baseline demographic information with monthly reports on a variety of service delivery activities. This enabled service providers to explore issues important to them, such as the characteristics of families using support services, differences in service needs based on these characteristics, and costs of these services. Generic run-stream templates were set up for use with statistical packages on personal computers. This allowed service providers to frame and answer their own questions using data they routinely collect.

Provider-generated research can eventually contribute to large-scale research. If care is taken to make the demographic information compatible with national databases, such as the Current Population Surveys, agencies can compare those they serve with the population at large. Eventually, agencies can aggregate comparable data to generate cross-agency evaluation and research. For example, quasi-experimental studies can be conducted using this combined data pool. It is time to encourage providers to look carefully and systematically at data they already collect in order to help improve operations and reduce costs. The new findings and questions the providers are sure to raise will help guide third-party surveys, experiments, and evaluations in more applied and appropriate directions.

Family Ecology/Systems Approach to Family Research

Constructing Family Networks: The Nature and Function of Social Relations for Parents Raising Young Children *Starr Niego*

Presenter: Starr Niego

In Family and Social Network, a study of 20 "ordinary" British couples raising young children, Bott illustrated how the organization of household roles and relationships is influenced by patterns of interaction with individuals outside the family: friends, relatives, neighbors, and workmates. Surprisingly, as use of the networks model has expanded, family theorists have relied upon individual-level data, typically from mothers. This investigation, in contrast, constructed Family Networks as a framework for describing mothers' and fathers' independent and overlapping sets of social ties. A comparative approach, alternating between individual- and family-level analysis, was used to examine family functioning across a range of ecological niches.

Data were drawn from the U.S. cohort of the Comparative Ecology of Human Development Project, a five-nation, longitudinal study of stresses and supports in families raising young children. Although the sample was restricted to the 72 married couples for whom complete networks of data were available, it was representative of the social diversity of the target community in upstate New York. Primary data, gathered in semistructured interviews conducted separately with each parent in 1978, were supplemented with measures obtained by recoding the original inventories.

Family Networks ranged in size from 12 to 104 members ($X = 38.6$). On average, 17 kin were included, together with 5 to 10 members in each of three other categories: neighbors, workmates, and "others," typically friends. Eleven individuals were included in the typical joint sector, containing parents' sets of shared social ties. Sixty-one percent of these positions were filled by kin, though all membership categories were represented. With greater income, education, and resources in middle-income neighborhoods, individual and Family Networks grew with the addition of neighbors and workmates. The proportion of kinfolk declined among these families, yet the absolute number held steady, and such members continued to provide significant assistance to respondents.

The majority of Family Networks contained multiple sources of assistance in each content domain (e.g., child care, child-related advice, personal support, financial assistance, work-related support, practical support). However, individual-level analyses revealed that rich resources within mothers' networks filled void suits — domains with no available assistance — in many of their husbands' networks, and thus assured reliable support for families as a whole. In four domains, about one sixth of the fathers were without resources, and two or more void suits could be found in 11 men's networks.

Functional specilization — the tendency to receive a particular support from certain network sectors or membership categories — was common. Indeed, spouses' use of network-related support was coordinated within the four domains related to household concerns: child care, child-related advice, and practical and financial assistance. This strategy would appear to offer an efficient means of meeting the family's needs. In contrast, no association was found between partners' patterns of specialization in seeking personal supports. Also noteworthy was the tendency of fathers to rely exclusively on joint sector members, usually kin, for assistance with childrearing.

Respondents typically named at least one network member as "difficult." Among women, disagreements concerning childrearing created difficult relations with kin, particularly mothers, mothers-in-law, and siblings. Men viewed co-workers as difficult, citing unrealistic demands from supervisors and laziness among colleagues.

Family Ecology/Systems Approach to Family Research

Maternal Expectations, Race, and Ethnicity: Further Validation of a Social Cognitive Model of Parenting *Sandra T. Azar, Andrea Houser*

Presenters: Sandra T. Azar, Andrea Houser

Recently, a social-cognitive model was posited for the origins of maladaptive parenting. This model emphasizes the importance of cognitive processes (e.g., parental expectations or "schema" regarding children, moment-by-moment interpretations of children's behavior) in determining responses to childrearing situations. Young children's motivation, which is often not clear, must be inferred by parents for them to take action. These interpretations, in turn, help guide children toward more sophisticated responding. Factors that distort these interpretive processes, therefore, would impact negatively on parenting and child outcomes. At-risk parents are viewed as possessing unrealistic expectations or "schema" regarding children, which, when violated, lead them to attribute negative intent to children and to engage in inadequate responses. Over multiple encounters, a negative attributional bias evolves toward children, and risk for maltreatment increases. A series of studies have supported this model by demonstrating that unrealistic expectations distinguish maltreating and at-risk samples and are linked to negative attributions toward children and to other risk indicators (e.g., use of punishment, lower empathy).

In evaluating any parenting model, however, a question arises regarding its application to different racial and cultural groups. To explore this issue, two studies were presented. The first examined African-American mothers ($n = 21$) of preschoolers, all of whom were socioeconomically disadvantaged, and compared the level of their unrealistic expectations to those of Caucasian mothers ($n = 28$) of similar demographic background. Within each group were mothers who had perpetrated physical child abuse and controls. A 2-way ANOVA (Maltreatment group *x* Race) indicated that abusive mothers had significantly more unrealistic expectations than controls ($M = 13.83$ vs. $M = 7.75$; $F(1,45) = 11.19$, $p = .002$), and African-American mothers had more unrealistic expectations than did Caucasian mothers ($M = 13.76$ vs. $M = 9.54$, $F(1,45) = 5.10$, $p = .029$). When abuse status was examined within race, however, significant differences were still evident for African Americans ($t = 2.42$, $df = 19$, $p = .026$) and for Caucasians ($t = 2.34$, $df = .027$). Therefore, regardless of racial status, expectations still differentiated abusive mothers.

In a more elaborate test of the model, 20 Puerto Rican mothers' expectations were compared to those of 20 non-Hispanic controls. Mothers were each administered the same expectation instrument in their native language, as well as a series of vignettes involving aversive child behavior. They were asked to rate, on a 9-point scale, how much the child did the behavior to "annoy" them, and how strongly they would punish the child. A measure of acculturation was also administered to Hispanic mothers to examine its impact. No significant ethnic differences were found on mothers' expectations. As predicted by the model, the higher the Puerto Rican mothers' level of unrealistic expectations was, the more strongly they tended to attribute negative intent to child behavior ($r = .29$, $p < .10$). Also, the more they made such attributions, the significantly stronger their punishment ratings were ($r = .61$, $p < .002$). Acculturation was not significantly related to overall level of unrealistic expectations ($r = -.19$, n.s.), although some relationships were found within subdomains. These findings provide preliminary support for the model's utility across subcultural groups.

Family Ecology/Systems Approach to Family Research

Birth Records, Early Intervention Services, and Head Start: Can We Make a Connection? *Doris Goldberg, Lorraine Chun, James Langford, Howard Andrews, Brian Pittman*

Presenters: Doris Goldberg, James Langford

Introduction: New regulations require Head Start to design comprehensive services for locating and servicing children with disabilities in the context of their families. These revised regulations challenge Head Start to develop new connections and collaborations with developing systems initiated by the Individuals with Disabilities Education Act (IDEA).

This research has looked at a very large group of children at birth and then again for a single year of public school class placement. By analyzing this data set, risk factors at the individual level have been identified that predict placement in different categories of special education.

Computerized New York City Birth Certificates from 1976 to 1986 were matched to the 1992 New York City Board of Education Biofile (containing information on all children currently in the public school system) and the Special Education File. The analysis examined placement in any of the Special Education programs run by the New York City Board of Education, as well as placement by disability type.

Four survival analysis models were built using all 13 variables from three risk-factor categories: parental, pregnancy, and child-related. The outcome for each model contrasted those in general education with children in a particular grouping of special education, stratifying for race.

The odds ratios of risk factors mediated through the child showed a different pattern for the three different types of class placement studied. Male sex was a very strong risk for placement in each model, but was three to four times higher for emotional disorder then for any other category. Birthweight was not an independent risk for emotional disorder, but was a strong determinant for learning disability and mental retardation. Medicaid, unmarried, and increased number of previous deliveries each made significant independent contributions to risk for use of any special education service, while higher education of parents and a mother born outside the U.S. were "protective" factors. The parental risk factors of Medicaid and unmarried status were associated with emotional disorders, while increased maternal age was associated with mental retardation.

Children can be followed through their preschool years as Head Start connects with developing early intervention systems, specifically the child component of IDEA, in a continuum of tracking, screening, and service interventions.

The risks found by this study to be strongly associated with placement in special education can be used by Head Start to screen children for further development assessment. Enrollment of at-risk children in Head Start, which may potentially mediate or prevent later more restrictive special education placement, should be included in future research models to demonstrate the effectiveness of Head Start.

Family Ecology/Systems Approach to Family Research

Intrapsychic and Ecological Interventions at Head Start: Report of Two Case Studies *Martha Lequerica*

Presenter: Martha Lequerica

This presentation reported on two case studies at a Head Start program: one in which the intrapsychic model with its child-centered focus was utilized and one in which an ecological model with its family-other systems focus was applied.

The first case focused on the child, with exclusion of the family. Domenique was a very bright, verbal, resourceful, but needy, emotionally starved African-American girl who was disruptive in the classroom, constantly reaching for touch and comfort, often inappropriately. The mother was a single, unavailable young woman who lived with her mother, a controlling, ineffectual figure. A 12-year-old brother had been placed in residential treatment and visited the home periodically. No father was present, but there were a couple of boyfriends who were marginally involved.

Since the strength lay within the child, and the family appeared unavailable/unresponsive, the child needed to be secured from within. An intrapsychic intervention was applied; Domenique was offered the opportunity to develop a caring, nonmanipulative, accepting relationship that would possibly help her in later adjustment. The psychologist provided 15 individual, client-centered play-therapy sessions, *a la* Axline, from February to June of Domenique's last year in the program. In addition, classroom consultations with the teacher, which had been ongoing since Domenique's enrollment two years back, continued with the goal of securing a more nurturing and accepting learning environment for her.

Nearing her graduation from the program, Domenique behaved more adaptively in the classroom, was less demanding of attention, and was more focused on her learning. Six months after starting kindergarten, mother and child dropped in at the Head Start program. The mother reported that the child was doing fine in her new classroom, learning and making new friends.

The second case focused on the ecological system composed by the child's foster family, the foster agency, a local hospital-evaluation unit, and Head Start personnel. Robert was a 3-year, 8-month-old Hispanic boy, entrusted to foster care since age 8 months, who arrived at Head Start with an undiagnosed moderate developmental disability. The foster agency had failed to recognize his delay and to provide support for the mother and specific services for the child. The foster mother, her husband, and two adolescent sons formed a concerned and caring unit, but one needing support.

A quick appraisal, done under a crisis intervention model, revealed that the foster family, specifically the mother, was a workable unit and that other agencies had to be pulled in toward accepting involvement and responsibility with this case. Multiple approaches were used and included (1) crisis intervention to help the foster mother with her state of confusion, helplessness, and isolation; (2) advocacy work with the foster agency to recognize the boy's problems and the foster mother's difficult situation, to obtain financial help to which the mother was entitled, and to process special class placement following evaluation process; and (3) consultation with Head Start personnel to provide effective class management and family support. Robert was very active, unruly, unable to focus on a task, impulsive, and not socialized for his age level. His speech and language were moderately delayed. Finally, since the child had arrived at Head Start undiagnosed, intervention also included individual assessment of the child's speech, language, and intellectual functioning.

The intervention was initiated in early November and ended July 6, with Robert attending his first day of a special school for developmentally delayed children. The foster mother had begun receiving supplemental income due to the boy's disability. During the intervention process, Head Start provided for Robert a half-day program 3 days a week while the mother found support and reassurance from the other parents and the school personnel.

In deciding whether to apply intrapsychic, ecological models, or a combination of both, mental health consultants working at Head Start must make a case-to-case analysis of the child's at-risk status, family situation, and the immediate community environment.

Contemporary Conceptual Models of Ethnic Socialization: A Move toward Appropriate Direction *Mohammad Ahmeduzzaman*

Presenter: Mohammad Ahmeduzzaman

Although conventional theoretical frameworks (e.g., Freudian, Parsonian, ethological, social learning, and cognitive theories) have helped considerably in our understanding of parent-child relationships, they all fall short in adequately explaining the cultural specificity of parent-child interactions and childrearing practices. Against this backdrop, some growing and culturally relevant conceptual frameworks of parent-child socialization that are seen as central to the study of minority families were presented.

There is agreement among psychologists that beliefs that have their origins in their ancestral cultures form an important psychological guide for behaviors and action. Further, it is assumed that each ethnic group devises strategies for success based on its belief system(s). These strategies are labelled by Ogbu the "Native Theory of Success."

Comprising four sufficiently distinct but interrelated systems of human development, the human ecology model examines the interconnectedness of hierarchically valid ecological relationships and their influence in early patterns of parent-child socialization. Biculturalism is a process whereby an individual acquires competencies or abilities to function in two different cultures by switching between two sets of values and attitudes. This view suggests that children living in a pluralistic society, such as the United States, may have to acquire bicultural competence; children may have to acquire attributes of their primary culture and those of the larger mainstream society. Regarding the cultural ecology model, Ogbu posits that childrearing is geared toward the development of instrumental competence that enables children to perform culturally specific tasks that are required for later economic, political, and social roles.

While it is becoming clearer that human functioning cannot be separated from the cultural and more immediate context in which development occurs, research on parent-child socialization has failed to pay adequate attention to critical processes by which culturally prescribed childrearing values are transmitted. Taken together, the frameworks presented place a high premium on contextual factors and seem more amenable to examining factors that may impede or abet early socialization.

Family Ecology/Systems Approach to Family Research

Reconceptualizing and Redefining the "Family": Implications for Programs Serving Young Children in Diverse Settings *Donna Y. Ford, J. John Harris*

Presenters: Donna Y. Ford, J. John Harris, Duvon G. Winborne

The family has received much attention in both national and political arenas; it has become a theme among family scientists, child care providers, educators, and other social and behavioral scientists. Such noted scholars as McAdoo, Billingsley, Hill, et al., and others (e.g., Ford, Harris, and Turner) have studied the impact of diverse family structures or types on the social, psychological, and educational well-being of children.

Given the high rates of school failure, underachievement, illiteracy, and school dropout, social and behavioral scientists have begun to explore more diligently the role that families play in children's school success or failure. Equally important, given the nation's changing demographics and the prevailing belief that the majority will become the minority in the not-too-distant future, family scientists, child care providers, and educators must understand and respect the diverse family structures of racial minority groups. These family structures range from the traditional notion of the family (i.e., the nuclear family) to less traditional or "post-modern" (Furstenberg) family structures (i.e., single-parent families, extended families, same gender families). The diverse family structures have been attributed to changing patterns of divorce and remarriage, cultural differences and norms, and other complex milieus.

The purpose of this research was to explore the definition(s) of family among university college students enrolled in either education classes or classes in the human environmental sciences, including family studies courses. The major questions under investigation were: "What is a family?" and "How do such definitions and family values vary by marital status, parenthood, and gender?" The answers to these questions, posed to future child care providers, family scientists, and, in particular, educators, have many important implications for the education and preparation of tomorrow's professionals.

For the most part, and due to the nation's changing economic, political, and social systems, there is little consensus regarding what is meant by the term "family." The Census defines family as a group of two or more persons related by blood, marriage, adoption, who reside together. This legalistic definition of family, which holds steadfast to the traditional, nuclear family "ideal," ignores such diverse family structures as divorced, single-parent, and extended families. It is quite possible that families as perceived by children and adults depart from the Census definition. According to Furstenberg, the nuclear family form has hardly lived up to its cultural ideal, for as soon as it became the modal form, the nuclear family was attacked for producing conformity, stifling children, concealing marital tensions, and frustrating women's legitimate aspirations. In other words, the nuclear family has appeared to be more ephemeral than was once imagined by social scientists.

Subsequently, it is important to understand the perceptions and definitions of family as held by children and adults. As Berardo cautioned, policy development must begin with an understanding of the widespread diversity of American families; an abstraction like "the American family" is just that, an abstraction.

Students ($n = 464$) in two colleges (education and human environmental sciences) at an urban university were randomly selected to participate. Students were surveyed regarding their definitions of family and familial values. Under investigation was the extent to which respondents differed in their acceptance of diverse family forms. Explorations were conducted on the basis of gender, marital status, parenthood, and academic major.

Findings indicated that the subjects tended to support the traditional, nuclear family as a family, and to agree that families *with* children represented a family. Moreover, although they agreed with many of the diverse family structures described, they tended to disagree that cohabiting couples without children, same-gender partners, divorced couples, and certain extended families constituted a family. Several differences were noted by respondents' gender and marital status.

Parent Development and Head Start Children *Barbara A. Mowder, Virginia Harvey*

Presenters: Barbara A. Mowder, Virginia Harvey

This presentation provided a theory of parent role development, as well as research on how parents view their roles. The theory highlights elements of the parent role that emerge from the research literature and focuses on how those elements interact with one another. Further, the theory examines how the parent role shifts and changes over time, as parents adjust and respond to their babies, preschoolers, elementary school-aged children, adolescents, and adult children. Thus, the theory defines the parent role development process not only in terms of interactive role elements, but also as a dynamic synthesis of parent, child, parent-child interaction, and social-cultural developmental factors. Housed within current developmental research, the theory explains how and why the role changes and develops over time by considering three parent role development stages within an organizational developmental framework. Parent role development begins as individuals recognize and anticipate being a parent, extends through realization of being a parent in a parent-child relationship, and changes as the parent and child develop over time.

Research regarding the parent role was conducted in a large school district in New Hampshire. Over 1,100 parents responded to the Parent Role Questionnaire regarding perceptions of parenting as they relate to child development stages. The parents' perceptions of the parent role regarding infants, toddlers, and preschoolers were particularly pertinent to this presentation. Parents think that the parent role changes significantly from the time children are 0 to 2 years of age until the time they become preschoolers. During the preschool stage, discipline and education join the other parent role characteristics in parent role importance.

The parent role development theory has important implications for child-focused professionals, particularly Head Start personnel. Currently, there is little in the professional literature that assists policymakers, program developers, and researchers in conceptualizing the parent role, role-variable interaction, and the role's developmental nature. There are numerous theoretical implications of the theory for parent assessment, consultation, intervention, policy, program development, and research. Since the Head Start developmental literature points to parents as key elements in the long-term success of early intervention efforts, the Parent Role Development theory should assist professionals in developing programs and plans that foster the parent role and, ultimately, child development.

Family Ecology/Systems Approach to Family Research

Adding Parent and Family to the Study of Program Effects *Donna M. Bryant, Lisa B. Lau, Joseph J. Sparling*
Presenters: Donna M. Bryant, Joseph J. Sparling, Lisa B. Lau

In both the preschool and special education fields, much current work focuses on determining the elements of a quality program and on improving those elements. Program variables often considered are intensity, developmental appropriateness, and teacher language or instructional style. Some studies have found relationships between program quality and child outcomes. Certain aspects of family life and parenting are also associated with child outcomes: for example, attitudes about parenting, parents' language and behavior with the child, the type of environment provided for the child, and parents' level of schooling. This study focused on how some aspects of family life might interact with program characteristics to influence and potentially enhance child outcomes.

Findings are from an ecological study of 32 rural and suburban Head Start classes in which the initial status characteristics of children and families, the classroom practices and procedures, and child and family outcomes have been documented at the end of their Head Start year. The Early Childhood Environment Rating Scale was used to determine the developmental appropriateness of the classroom organization, procedures, and adult language. Teachers were interviewed to gather data on education, experience, and beliefs about developmentally appropriate teaching. A group of randomly selected children ($N = 134$) were assessed with the Kaufman Assessment Battery for Children (K-ABC) to assess cognitive abilities and the Preschool Inventory (PSI) to assess prekindergarten skills. Teachers rated the children using the Vineland Communication Domain for receptive, expressive, and written skills and the Adaptive Social Behavior Inventory for social skills. Parents were interviewed to provide information on family demographics, parents' schooling, a measure of the home environment using the HOME Screening Questionnaire, and a measure of their beliefs about childrearing practices using the Parent Attitude Questionnaire.

The results from the classroom observations showed that the average Head Start classroom was rated below the target score that would be considered minimally developmentally appropriate, although the range of scores was broad and a few classrooms were doing well. Initially, the teacher-classroom-child linkages were examined. Teachers' educational level (but not beliefs about developmentally appropriate practices) significantly predicted classroom quality as measured by the ECERS, and the ECERS was significantly related to most measures of children's outcomes (K-ABC subscales, PSI, and the express, comply, and disruptiveness subscales of the ASBI).

When parent variables were added into the analyses, the HOME total seemed to be most important. The PSI was significantly predicted by a model consisting of the HOME and the ECERS rating. Interestingly, both are measures of the physical and language environment provided to the child in his or her two main caregiving environments: home and school. The HOME total was also one of two predictors of the Vineland Communication Domain, along with the teachers' educational level. Neither parent, teacher, nor classroom measures predicted either of the K-ABC achievement or mental processing scores of the children. These analyses illustrate the complexity of understanding and predicting program outcomes for children when parent, teacher, and classroom variables have such interactive relationships.

Family Ecology/Systems Approach to Family Research

Effects of Poverty and Family Stress on Children and Families: Conceptual Models for the Study of Families *Robert K. Leik, Mary Anne Chalkley*
Presenters: Robert K. Leik, Mary Anne Chalkley

This presentation focused on the impact of high levels of stress on poverty families. Evidence shows that an increasing number of families live in poverty and that with poverty comes stress and deteriorating family functioning.

Two cohorts of poverty families were studied as part of a project focusing on the impact of Head Start on families and children. All families were single-parent, female-headed, with a child approximately 4 years old. Cohort One (1986-87) included 81 Head Start and 21 control families (42 white; 40 black; 21 American Indian). Cohort Two (1989-90) included 57 Head Start and 31 Control families (34 white; 31 black; 21 American Indian; 2 mixed). Mothers and children in all families were assessed twice: in fall and in spring. Mothers' self-report measures included self-esteem, locus-of-control, their perception of the child's acceptance and competence, and various measures of family functioning. Children were interviewed individually using the Perceived Competence and Acceptance measure adapted to their age and circumstances. One hundred thirty of those families were assessed during 1993, either 3 or 6 years after prior assessments.

Cohort Two families averaged 25% more stress than did Cohort One families, which were already higher than middle-class norms. Examination of the correlation of family stress with other parent, child, and family factors revealed that stress did, indeed, relate to indicators of adequate functioning. Analyses regarding Cohort Two revealed that for *low*-stress families, family, maternal, and child variables were interrelated in a stable way both in the fall and spring. However, for *high*-stress families, the comparable correlations were much lower. Clearly, higher stress interferes with or alters desirable, systematic relationships.

In addition, certain patterns of parental participation in Head Start were correlated with level of family stress. In general, participation in administrative activities showed little relation to stress, whereas participation in parent and child help programs was correlated with stress for white and American Indian families (as with all of the data, patterns differed across the three races). For white families, participation was also correlated with a reduction in stress over the Head Start year. One implication of the findings is that intervention programs like Head Start, which deal with children in poor families under high stress, will need to address the stress first, in order to enable adequate family and individual functioning, which are needed to maximize positive program effectiveness. Current follow-up data will allow exploration of longer term implications of stress on family functioning and of the role of Head Start participation in mitigating the deleterious effects of stress.

Family Ecology/Systems Approach to Family Research

The Utah Correlates of Positive Head Start Outcomes Study *Mark S. Innocenti, Matthew Taylor, Thomas England*
Presenters: Mark S. Innocenti, Matthew Taylor

The Correlates of Positive Head Start Outcomes Project, also referred to as the Head Start Success Study, has been recently funded by the U.S. Department of Health and Human Services, Administration for Children, Youth and Families. The Correlates Project is a longitudinal, nonexperimental project that has recently completed its first year of activities. Child assessment occurs at the beginning and end of the Head Start year, and children will be reassessed in first grade. The Project will enroll three cohorts of children over the first 3 project years. The first cohort will also be reassessed in third grade.

The project is collecting extensive data on the child, mother, family, Head Start environment, and future school environments. The goal of this project is to identify factors that predict successful school functioning (defined in a variety of ways). The sample for this project comes from the population of children receiving Head Start services in Salt Lake City, Utah. The Correlates Project has completed its first year activities and has collected data on 63 children and families.

Information on the conceptualization of the Utah Correlates Project was presented, along with detailed information on the various measures being used. Descriptive information, from the measures being used, was also presented regarding the first cohort of children. Correlational data (including data from partial correlations) on the relations among some of the variables assessed were provided. These data will assist in future model development activities.

Family Strengths and Adaptive Strategies

Balancing Work and Family: The Challenge for Low-Income Families

Beth M. Miller
Presenter: Beth M. Miller

This presentation explored the impact of the employment of low-income parents, especially mothers, on family life. While much attention has been paid in the literature to work-family spillover in middle-class families, very little research addresses the issue of role strain in lower class families. According to the Census Bureau, more than 5.5 million poor people live in households in which someone works full time throughout the year. Unmarried women maintaining families, 80% of whom are employed full time, are the workers with the greatest risk of living in poverty.

Low-income women are more likely than their higher income counterparts to be employed in the low-skilled blue collar and service industries. These mothers may experience greater problems carrying out parental duties because their jobs typically leave little room for flexibility and few resources for purchasing child care. Additionally, the service industries have the highest percentage of employees working non-day schedules and the highest percentage of employees working weekends; such schedules often make finding adequate child care particularly difficult.

As increasing numbers of mothers of young children enter the work force, many of them in low-wage jobs with few benefits, questions about the effects of multiple role demands become ever more salient. This study reviewed the literature on how working class and poor parents balance the demands of their occupations with those of childrearing. The conceptual framework for the review postulates two domains for analysis: job characteristics and family characteristics. Job characteristics can be divided into structural characteristics, such as hours of work and job schedule, and psychosocial characteristics, such as job autonomy and supervisor sensitivity. Family characteristics include demographic characteristics in addition to measures of family work load and support. Outcome measures include role strain, negative effects on family members, and positive effects on family members.

Studies of work-family conflict that have focused on structural work characteristics have found that the number of hours worked, working the afternoon shift, having to work with an irregular starting time, and having little flexibility to change one's work schedule or take time off for personal or family matters are associated with higher levels of work-family conflict.

Very few studies directly compare women across class or income categories. One exception, by Burris, found that the women with the most difficulty integrating work and family were working-class women, especially those who were single mothers or had children with special needs. Researchers examining psychosocial work characteristics have rarely controlled for income differences. A number of studies, however, have linked unsupportive job environments with poor physical and psychological health.

The research reviewed in this presentation suggests that low-income families may experience greater difficulties than middle- or upper income families, due to the structure and unrewarding nature of the parents' jobs and problems in purchasing substitute services.

The Transition of Female-Headed Households to Economic Self-Sufficiency: An Examination of Factors in the Family and Community *Louise A. Parker*

Presenter: Louise A. Parker

This research explored a model integrating human capital, family resource, employment, and psychosocial factors to explain variation in economic self-sufficiency among single mothers. Data from 3 years of the Washington State Family Income Study (6/88-5/91) were utilized to study a sample of 851 single mothers receiving Aid to Families with Dependent Children.

This study sought to overcome the shortcomings of previous models that focused exclusively on individual/family characteristics or on constraints in communities to explain welfare dependence. Further, the integrated model in this research proposed that sense of personal control and social support were coping resources that directly affected economic self-sufficiency. The latter construct was measured as the ratio of welfare benefits to household income.

Path analysis confirmed that sense of control and social support had both direct and indirect effects on degree of economic self-sufficiency. In other words, higher levels of personal control and social support not only directly facilitated the single mother's efforts to reduce reliance on welfare, but also mediated the effects of many other factors. For instance, additional school and training had no direct effect on degree of welfare reliance. However, by positively impacting sense of personal control, schooling indirectly impacted the mother's capacity to achieve economic self-sufficiency.

Results of the path analysis suggested that factors in both family and community arenas must be addressed to successfully impact the economic mobility of single mothers. While education is frequently touted as the solution to escaping welfare dependence, it was not the most significant variable in a model integrating individual and structural constraints. In fact, workplace support had the most significant impact on reducing welfare reliance, even after controlling for differences in human capital, family resources, and employment activity. The workplace support variable included the provision of employee benefits (sick leave, health insurance coverage, child care subsidy) and a measure of co-worker support. The implications of this finding are that policy solutions for alleviating poverty in female-headed households must give as much or more attention to creating high-quality employment opportunities as they do to providing compensatory education for single mothers.

The findings of this research have implications for practitioners and educators as well. The evidence that enhancing sense of personal control can be a strategy for facilitating economic self-sufficiency suggests that direct parental involvement in programs that serve their families is vital. To achieve the level of empowerment necessary to enhance control, it is critical that low-income parents influence the planning, delivery, and evaluation of programs.

However, the challenge of maintaining meaningful parent involvement in Head Start programming will increase as welfare policy moves toward mandating the employment of single mothers as a requirement for receiving benefits. Head Start practitioners may need to collaborate more closely with job training programs, labor unions, and service sector employers in order to access parents of children in their programs. Opportunities for involvement must be increasingly diverse, accommodating work schedules of single mothers and recognizing the inherent conflicts between employment and family concerns.

Family Strengths and Adaptive Strategies

Perceived Competence of Low-Income Caregivers and Children in Neglecting and Non-Neglecting Families *Kathleen D. Paget, Lois W. Abramczyk*

Presenters: Kathleen D. Paget, Lois W. Abramczyk

The reported data resulted from a research project funded in 1989 by the National Center on Child Abuse and Neglect. The major purpose of the study was to investigate similarities and differences between neglecting and non-neglecting families on various dimensions of parental and individual functioning as described by caregivers and children. The findings in this presentation represent one portion of the larger study and are based on the perceived individual competence of caregivers and children along multiple dimensions of functioning. As an indication of strength and importance, multidimensional perceptions of competence are believed by the investigators to be key to intervention acceptability and planning with neglecting caregivers and their children.

The sample was comprised of three groups of caregivers and children: open neglect, closed neglect, and non-neglect, all meeting similar poverty standards. A total of 66 caregivers were interviewed: 20 neglecting, 21 formerly neglecting, and 25 non-neglecting. A total of 43 children aged 6 to 12 years were interviewed: 14 children of neglecting caregivers, 11 children of formerly neglecting caregivers, and 18 children of non-neglecting caregivers. Interviews and administration of standardized instruments took place in the participants' homes; interviewers were blind to the status of the families at the time of the interviews. The instruments of choice were the Harter Adult Self-Perception Profile and the Children's Self-Perception Profile, scores from which are based on a Likert scale from 1 to 4. These instruments were used to measure caregivers' perceptions of skill in the areas of provider, nurturance, morality, humor, household management, intimate relationships, job, sociability, and global competence; and children's perceptions of skill in school achievement, behavioral conduct, social acceptance, physical appearance, athletics, and global competence. The importance of each domain to the respondent was also measured, with a discrepancy between competence (low) and importance (high) suggesting motivation to change. When no statistically significant differences were found among the three caregiver groups or the children's groups, analyses were conducted to investigate within-group differences among the domain scores for caregivers and children.

Within-group analyses suggested that caregivers in all three groups rated provider, nurturance, and morality as significantly more important than all other subscales ($F(10,630) = 29.73$, $p \leq .001$). Within-group analyses revealed that children in all three groups rated school achievement, behavioral conduct, and social acceptance as significantly more important than their athletic competence ($F(1,16) = 10.26$, $p = .006$; $F(1,16) = 6.83$, $p = .02$; and $F(1,16) = 8.06$, $p = .012$, respectively).

These results underscore the importance of school, behavioral conduct, and social acceptance to low-income children, some of whom have been neglected, and suggest that these children are motivated to improve in these areas. The evidence is strong that school, as a setting where achievement, behavioral conduct, and social relationships are emphasized and practiced, is an important arena for implementing intervention plans for children growing up in poverty. It is especially important that educational personnel do not attribute a lack of interest or motivation to these children and their parents; rather, special resources and skills should be focused on the full inclusion of hard-to-reach parents and children in the educational process.

Correlates of Maternal Teaching Behaviors in Low-Income Dominican and Puerto Rican Mothers

Ruth Planos, Nancy Busch-Rossnagel, Luis H. Zayas
Presenter: Ruth Planos

This study was designed to examine the correlates of maternal teaching behaviors among low-income Dominican and Puerto Rican mothers. Maternal teaching behaviors are known to strongly influence children's intellectual and emotional development and are associated with later educational outcomes. The sample consisted of 51 Puerto Rican and 50 Dominican mothers and their preschool children in Head Start Programs throughout New York City. The mothers were assessed on four psychosocial variables (parenting stress, utilization of social support, acculturation, and available social support) and on two psychological measures (anxiety and depression). In addition, the dyads were videotaped while the mothers taught their children two cognitive-perceptual tasks using the Maternal Teaching Observation Technique. Raters scored the videotapes for frequency of maternal use of inquiry, directives, praise, negative verbal feedback, modeling, and visual cues.

The data were analyzed to determine the relationships between maternal teaching behaviors and both the psychosocial variables and the psychological measures. Hierarchical multiple regression analyses were carried out to determine whether anxiety and depression mediated the relationships between the psychosocial variables and the teaching behaviors. Correlations indicated a significant relationship between anxiety and the use of directives and modeling. Depression was related to negative verbal feedback and to modeling. Parenting stress was related to inquiry, praise, and modeling, and to anxiety and depression. The use of praise was correlated to social support. Acculturation was related to the use of praise, inquiry, and modeling. A significant relationship was found between anxiety and acculturation. Correlations indicated a significant relationship between maternal modeling and both anxiety and depression. Hierarchical regression analyses used to test predictive models suggested that acculturation is a significant mediator of the relationship between the psychological measures and maternal modeling. However, anxiety and depression did not mediate the relationship between the psychosocial variables and the maternal teaching behaviors.

Contrary to expectations, these findings suggest that both the psychological variables of anxiety and depression and the psychosocial variables of parenting stress and social support appear to contribute separately to maternal teaching behaviors. Program development and interventions aimed at Puerto Ricans and Dominicans should target both psychological and psychosocial factors in order enhance mother-child interactions.

Family Strengths and Adaptive Strategies

Parental Adjustment and Attitude toward Childrearing of Mothers and Fathers as a Function of Identification with Parenting Role, Social Support, Quality of Marital Relationship, and Life Circumstances

Richard R. Abidin, Christina Riebeling

Presenters: Richard R. Abidin, Christina Riebeling

This study investigated the relation of family circumstances, parenting role, quality of marital relationship, and social support to reported parental adjustment and attitude toward childrearing. Life circumstances, including SES and stressful life events, were examined as major variables in predicting parental adjustment and attitude since they provide the context in which parenting occurs. Social support, both within and without the marital relationship, was considered along with parents' identification with the parenting role as predictors of parental competence, depression, and reported warmth in their childrearing.

Sixty-five couples completed a packet of questionnaires, which included the Parenting Stress Index, the Parenting Role Scale, the Parenting Alliance Inventory, the Short Marital Adjustment Test, and the Parental Attitudes Toward Child Rearing Scale. Two parallel regression models were employed to investigate the predictive power of SES, life stress, parenting role, quality of marital relationship, and social isolation/support scores in relation to parental feelings of competence, depression, and warmth. The analyses were run separately for mothers and fathers to reveal the possible gender differences.

In this data set, both SES and stressful life events failed to make a significant contribution to the predictions, despite being entered first in the regression analysis. The results indicated that a greater identification with the parenting role was associated with better parental adjustment and greater parental warmth. Lower scores on social isolation significantly covaried with parental adjustment. A similar set of relations was found for both genders, although the amount of variance accounted for by the significant variables appeared to be dissimilar. These findings suggest that both social support and parental motivation for the parenting role are important determinants of parental adjustment. Also, the possibility of gender differences in relation to the construct of identification with the parenting role was suggested. Possible explanations for the suspected gender differences, as well as a discussion of the implications of the findings, were offered.

Using Mothers' Statements to Identify Those At Risk for Maltreating Their Children *Jacqueline M. Miles, Julian Rappaport, Carol Diener*

Presenter: Jacqueline M. Miles

Reports of child abuse and neglect are staggering. Using psychological measures and clinical judgement to identify parents at risk for maltreating their children is time consuming and can lead parents to feel alienated from the agencies and people charged with helping them.

This study assessed the efficacy of identifying mothers at risk for maltreating their children by means of the reasons they gave for needing to use a crisis nursery. Twenty-two mothers participated. The mothers' stated reasons for using the nursery were divided by the researcher into two groups, a division that was validated by staff members at the nursery and by others not associated with the nursery. The two groups were (1) the "emergency child care group," containing mothers whose statements suggested that they were having problems generally unrelated to parenting and (2) the "respite group," containing mothers whose statements indicated that they were unable to meet their children's basic needs or that they needed a break.

Demographic information was obtained, together with information about the mother's helping network. The Child Abuse Potential Inventory and CES-Depression Scale were administered. After these data were collected, information was obtained from the Department of Children and Family Services (DCFS) regarding the number of cases of confirmed maltreatment in each group. Data from the two groups were compared. The two groups did not differ on any demographic variable (all but three mothers were below the poverty line) and differed only slightly in the amount and type of help they received.

The respite group scored significantly higher on the Child Abuse Potential Inventory and the CES-Depression Scale. A not discountable (probably due to the small number of participants and not statistically significant) difference between groups was also manifested in the amount of maltreatment reported by DCFS during the time of the study. Five of the 13 mothers (38%) in the respite group had confirmed reports of child maltreatment, but only 1 of the 9 mothers (11%) in the emergency child care group had a confirmed report of child maltreatment.

The mothers' statements thus provided a useful guide to determining which mothers were more at risk. It may even be that listening to what the mothers say is more important than what we think we know about them. As a part of the study, staff members of the nursery were also asked to sort the statements with each mother's name attached. The assignment of statements to groups was noticeably different when names were included. When asked, the staff explained that when they knew the mothers' names, they considered past interactions with them in making their decision.

This study indicates that if we listen hard enough we can hear many mothers asking for help, albeit indirectly. We should not let prior knowledge get in the way. Using mothers' own statements as a guide to intervention permits services to be appropriately directed in a nonlabeling and nonthreatening way that also validates the mothers' own experiences.

Family Strengths and Adaptive Strategies

Enhancing the Family Environment for Young Children: The Role of Family Traditions *Susan S. Coady, Kathryn Beckham Mims*

Presenters: Susan S. Coady, Kathryn Beckham Mims, Susan Bowers

The quality of family life has been of serious concern to Americans for several decades. Changing social conditions have affected the ability of many parents to provide for their children and for each other in the same ways as they have in the past. The lack of adequate resources, the isolation of the nuclear family, and the amount of time family members spend together have been of particular concern to professionals. It is a well-documented fact that many children are growing up without the family support necessary to meet their physical and emotional needs. An important challenge for young families is to enhance the family experience for their children by building on their strengths and resources and by maximizing the time they spend together.

The observance of family traditions has been found to be a characteristic of strong families. The repetitive nature of traditions is thought to provide a source of family stability, a sense of roots, connections between generations, and an important use of family time. To understand specific contributions that traditions make to family life, data were collected from an available sample of 281 women in three-generation families. Included in the questionnaire were the Family Traditions and Family Strengths scales, as well as questions to determine whether the respondents believed that family traditions were important in building strong families and whether they hoped that family traditions would be observed and maintained by future generations. Respondents were asked about the amount of intergenerational contact in their families and their favorite traditions.

Results showed a significant positive relationship between family traditions and family strengths. Spearman Rank Order Coefficients also indicated significant positive relationships between the belief that traditions are important to families and the number of traditions observed, and between the amount of intergenerational contact and the celebration of traditions. Major celebrations such as Christmas, Thanksgiving, and birthdays were mentioned most frequently as important family times. Traditions seem to be effective vehicles for enhancing the family environment; they are positively related to family strengths and are important for maintaining intergenerational contact.

While the research reported here does not focus specifically on young families, there are important implications for professionals working with this population. Young families seem developmentally ready to work on family traditions. They are beginning to establish a family identity, and many are anxious to increase the quality of the time they have with their children. Young children are fascinated with routine and repetition, and parents and grandparents are seeking ways to pass on family history to the younger generation. The development and maintenance of family traditions deserves attention as we work toward enhancing the family experience for young children.

Family Strengths and Adaptive Strategies

Alaska Head Start Health Improvement Initiative — Family Wellness Project

Sally Mead, Tracy M. Stewart, Penelope M. Cordes, Sheila M. Clarson

Presenters: Sally Mead, Tracy M. Stewart, Sheila M. Clarson

The Alaska Head Start Health Improvement Initiative was funded by the Head Start Bureau to improve health services for Alaskan Head Start children. This Initiative has been a collaborative effort between the Indian Health Service, Alaska Area Office, and Alaska Head Start programs. The Family Wellness Project combined data gathering with staff training to accomplish a statewide, sampled mental health needs assessment for 0- to 5-year-old children and their families.

The purpose of the assessment was to determine what factors enhance or impede Head Start children's ability to benefit from their families, communities, and the Head Start program. The Alaska Head Start grantees defined their responsibility to support family wellness as follows: to enhance the ability of families to give children a nurturing and healthy environment; to achieve developmentally appropriate tasks for children 0 to 5 years old; and, as the child moves on to other phases of life, to empower families to continue the supportive directions developed in the early years.

The design of this needs assessment was formulated through a grassroots community approach, with a working task force including five Head Start representatives, psychologists, an anthropologist, and a state maternal child health representative. The task force used the research on resilience and risk factors on children as the conceptual framework for gathering data on strengths and needs of Alaskan Head Start children, in the hope that strategies to offset those risk factors in very early childhood could be recommended. It was then hoped that the larger network of human services could collaborate with Head Start to enhance the lives of these children.

The design included three phases: (1) a social indicator report based on existing statewide data; (2) a family/community assessment; and (3) an individual child assessment completed with a sample of the Alaska Head Start population. The social indicator document of November 1991 identified existing Alaskan data on children and their families. At the time of its writing, there was no information available on protective factors, while there was extensive data on risk factors.

The second phase was designed to learn more about what protective factors were operating in the population. A kinship map was developed as the beginning point for parent interviews, followed by a questionnaire. Seventy percent of the Alaska Head Start population is Alaska Native, so it was extremely important to ensure that the measures included culturally sensitive instruments and methods of interviewing the parents. Head Start teachers were trained and completed the interviews with their Head Start families.

Achenbach's Child Behavior Checklist was utilized to gather data on children from a sample of the families interviewed in the second phase. Again, teachers received specialized training in objective observation of behaviors and the use of the Checklist. The project gained important data, and staff learned new methods of dealing with children with difficult behaviors.

The data analysis included descriptive data from a sample of 163 Head Start families and 37 individual children from 14 Head Start sites from around the state. Preliminary links were made between individual children and the protective/risk factors gathered in the family/community assessment. Some of the specific protective-factor data that were analyzed included emotional supports for parents, additional caregivers for the children, spacing of siblings, identification of cultural significance, and attention paid to the child in his or her first year. The risk factors measured included family stressors, parental and family alcohol use, physical or sexual abuse experienced by the parent, perinatal stress, and lack of social supports and services.

Family Strengths and Adaptive Strategies

Ethnic Fathering: Family Strength and Social Support

Mohammad Ahmeduzzaman, Sarah McGinley

Presenter: Mohammad Ahmeduzzaman

This research documented 45 African-American and 40 Puerto Rican-American middle- to lower middle-income fathers' involvement with their preschool-aged children in the home, their styles of functioning within the family, and the support they received from their families and communities for their roles as parents. Each father was asked to fill out Radin's Paternal Child Care Index (PCCI) scale, Deal, Trivette, and Dunst's Family Functioning Style (FFS) scale, and Trivette and Dunst's Profile of Family Support (SSI) scale.

For African-American men, convincing associations were found between support from extrafamilial members and socialization responsibility ($r = .34$; $p < .01$), statement of involvement ($r = .35$; $p < .01$), and investment in child care ($r = .32$, $p < .05$); and between extended family support and statement of involvement ($r = .29$; $p < .05$) and child care responsibility ($r = .26$; $p < .08$). Likewise, institutional support was correlated with father's statement of involvement ($r = .32$; $p < .05$).

Data suggested that the African-American fathers contacted different individuals and agencies for help, information, and assistance regarding their children. Additionally, extrafamilial sources of support like friends, neighbors, and co-workers were also sought by fathers. However, fathers rarely sought information about childrearing or services for children from health professionals or other agencies within their community. Of the three modes of support for childrearing assessed in this study, only institutional support showed significant correlations with Puerto Rican-American fathers' statements of involvement with children ($r = .40$; $p < .01$) and involvement in child care ($r = .31$; $p < .05$). That fewer than half of the Puerto Rican-American fathers approached relatives and friends for assistance and help in child care suggests that familial bonds are becoming diffused on the mainland.

Adult Attachment Styles and Parents' Relationships with Their Young Children

William S. Rholes, Barbara Blakely, Jeffry A. Simpson

Presenters: William S. Rholes, Barbara Blakely, Jeffry A. Simpson

This research examined the relationship between adult attachment styles and mothers' feelings of closeness to their children, mothers' interaction styles in a teaching situation, individual differences in the desire to have children, and the concerns individuals have about their ability to relate as parents to young children.

Investigation 1 revealed that more avoidant mothers did not feel as close to their preschool children as did more secure mothers, and they behaved less supportively toward their children during a laboratory teaching task. Anxious-ambivalence was associated with feelings of less closeness, but the level of closeness achieved depended on marital quality.

Investigation 2 found that more avoidant college men and women, compared to secure ones, were more uncertain about their capacity to relate to young children and about their desire to have children. Highly ambivalent men and women reported being more uncertain about their capacity to function well as parents, but ambivalence was not related to the strength of the desire to have children. These findings were examined in the context of attachment theory.

Family Strengths and Adaptive Strategies

The Adaptive Coping Strategies of Ethnic Minority Students in a Traditional Educational Setting *Liza D. Cariaga-Lo*

Presenter: Liza D. Cariaga-Lo

Before we can make any great strides toward intervening on behalf of ethnic minority youths at risk for school failure, we need to understand the strategies they utilize to cope with stressors in school and other aspects of their lives. The purpose of this study was to document the coping strategies used by youth from ethnically diverse backgrounds for stressors they encounter in school. This study sought to illuminate the manner in which these coping strategies were influenced by the dialectical interplay of individual characteristics, as well as by school and family variables. It attempted to bring together theoretical and empirical perspectives drawn from cross-cultural child development, stress and coping, resiliency, and ethnic minority research, in order to better understand social development among ethnic minority youth in this country.

Responses were obtained using Cariaga-Lo's Coping Strategies Questionnaire and the Rotter Locus of Control Scale from Filipino-American, African-American, and Hispanic-American 11th graders in an ethnically diverse high school. Coping utilization scores, school perception responses, locus-of-control, and sociodemographic variables were obtained from the students. Factor analyses of school perception responses yielded four school perception factors (school work orientation, perseverance with school work, family influence on school work, and sense of efficacy). Regression and correlational analyses were then used to predict and look for associations between school perception factors, coping utilization category scores, and locus-of-control, and school achievement and future educational/career goals. Additional regression analyses were conducted to predict coping strategies using various sociodemographic variables.

Major findings from this ethnically diverse adolescent sample showed locus-of-control, coping strategies (problem-focused, emotion-focused, school support, family support, and avoidance coping), and school perception factors as significant predictors of school achievement and future educational/career goals. These results differed by ethnic group. Additionally, various sociodemographic factors (most notably mother's educational level) were significant predictors for the utilization of avoidance coping, active coping (either problem-focused or emotion-focused), school support (by teachers and peers), and family support in students' encounters with daily school stressors. Implications for intervention programs for ethnic minority youth and their families were examined.

Family Strengths and Adaptive Strategies

Older Sibling as Positive Role Model in the Development of At-Risk Children

Edith M. Gozali, Susan M. Hegland, Dania Clark-Lempers, Karen Colbert, Sedahlia Crase
Presenters: Edith M. Gozali, Susan M. Hegland, Dania Clark-Lempers

As early as first grade, children from families with low incomes, on average, score lower on academic achievement tests than do children from middle-class households. Although many children in high-risk situations have acquired serious learning or behavior problems, others, with the same risks, have not. In a 32-year longitudinal research project, Werner studied 698 high-risk infants born in 1955 on the island of Kauai, Hawaii. The children in that study who developed into competent, confident, and caring adults had several protective factors. One identified protective factor was having affectional ties with a parent, sibling, spouse, or mate who provided emotional support in times of stress. However, in general, researchers who have studied children from families with low incomes have not addressed the importance of siblings (e.g., Schorr & Schorr).

Furthermore, interventions in families with low incomes have been directed primarily towards parents, rather than older siblings, as socializing agents for the young child. Therefore, the focus of the present study was to examine the contribution of sibling relationships in families with low incomes. This study utilized a subsample of the Iowa Head Start/Public School Transition Project and included the 35 Head Start and 45 kindergarten children who had older siblings. Among the kindergarten children, 29 had attended Head Start. The mean age of the kindergarten children was 74 months; the mean age of the Head Start children was 62 months.

Children were interviewed about their older siblings. When a child had more than one older sibling, random sampling was used to select the older sibling on whom to focus the interview. Kindergarten children who described their older siblings as providing more prosocial, nurturant, or teaching support had higher social skills ($r = .32$; $p < .05$) and higher letter-identification skills ($r = .39$; $p < .001$). These children also had parents with higher self-esteem ($r = .36$; $p < .05$). Parents who placed a higher importance on the sibling relationship had children with more advanced skills in math ($r = .28$; $p < .05$) and reading ($r = .32$, $p < .05$). There were no significant differences in sibling relationships, parental variables, or children's cognitive outcomes between the children with or without Head Start experience.

In conclusion, siblings are overlooked as support resources in child development. For example, Head Start programs stress parent involvement but not sibling involvement in the education of the young child. Studies from various cultures have shown that older siblings are capable of acting as teachers, role models, and caregivers for younger siblings. Therefore, more studies are needed that focus on the contribution of siblings in families.

Maternal and Family Antecedents of Development at 18 to 30 Months (White Children) and School Readiness/Performance at 6 to 7 Years (Black, White, & Hispanic Children) *Henry N. Ricciuti*

Presenter: Henry N. Ricciuti

Two related studies were concerned with the identification of positive maternal or ecological characteristics that may attenuate the potentially adverse influence of demographically defined "risk" environments on young children's early development and school performance. One study (A) followed 31 normal and low-birthweight infants in rural, low-income white families over the period from 5 to 30 months; the other (B) involved over 600 black, Hispanic, and white 6- to 7-year-old children of women in the National Longitudinal Study of Youth (NLSY), including many who were poor. The latter study was particularly concerned with the question of whether family and maternal characteristics predictive of school readiness or performance operate in equivalent or dissimilar ways in the three ethnic groups.

Both studies revealed the importance of variations in specific features of the maternal and family environment as potential influences on young children's development and school performance, even within low-income populations. Study A showed that the following maternal characteristics, assessed via interview when the infant was 5 months old, were substantially correlated with development at both 18 months (Bayley MDI) and 30 months (Binet): mother's sense of personal efficacy and self-confidence; psychological support; a religious perspective; and maternal competence/personal achievement. Neither the 5-month Bayley Test nor birthweight were predictive of 18- or 30-month development.

Study B revealed that in all three ethnic groups, the school readiness (PPVT) and performance (PIAT Reading Recognition and Math) of 6- and 7-year-old children were significantly related to mothers' overall ability level and years of education, as well as to family poverty status and child's grade (K, 1st, or 2nd). Quality of the current home environment (HOME scale) and presence of newspapers, magazines, and a library card in the mother's home when she was 14 were also correlated with the child outcome measures, especially in the black and Hispanic groups. Also, among Hispanic families, and to a somewhat lesser degree among black families, traditional maternal attitudes towards women's roles were substantially associated with lower child outcomes. In all three ethnic groups, single parenthood was unrelated to school readiness or performance, even among those families living in poverty.

The findings of these two studies provide strong evidence of the importance of maternal and family background factors, even within low-income or "at-risk" populations, as influences that matter in young children's development and early school achievement. These include mother's attitudes, general competence, and sense of personal efficacy, as well as her educational background, all of which may positively affect the way she cares for and socializes her children. The results also indicate that, for the most part, these maternal and ecological influences operate in much the same way in black, Hispanic, and white families. From the perspective of early childhood intervention strategies, these findings can be viewed as reinforcing policies that promote maternal involvement, provide parenting support, and enhance maternal competencies.

Family Strengths and Adaptive Strategies

Resiliency Factors for Young Children in Violent Families *B.B. Robbie Rossman*

Presenter: B.B. Robbie Rossman

School-age children who witness family violence, on average, show behavioral, educational, social, and emotional difficulties, but little is known about the resiliency or vulnerability of younger child witnesses or about protective factors that could enhance resiliency. The goal of this research with young child witnesses was to examine their status on two cognitive processes (leveling/sharpening style and perspective-taking) and on the protective factors to which they were thought to contribute (IQ and social competence) have been noted as protective factors for older children. The relationship of these potential protective processes and factors to indices of functioning and trauma was also examined, as was their role as moderators of negative effects of family violence on adaptation. Leveling/sharpening was of interest because of its similarity to the accommodation process thought integral to the growth of intelligence. In contrast to sharpening, leveling is the tendency to poorly integrate new information so that changes in it are noted slowly and/or inaccurately. Social perspective-taking was of interest because of its role in the development of social competence and because weaknesses in it have been viewed as central to the atypical development of some clinical populations (e.g., autistic children).

Ninety-nine children aged 4 to 7 years and their mothers participated in the research. About half were considered at risk by virtue of having witnessed repetitive parental violence, and some were also physically or sexually abused; the other half formed an age-, gender-, and SES-similar nonwitness, nonabused comparison group. Mothers provided demographic and preschool/school performance information and completed the Conflict Tactics Scale regarding marital aggression; the Child Behavior Checklist (CBCL) for indices of problem behaviors and social competence; the PTSD Reaction Index (RI); and the Child Dissociative Checklist (CDC). Children completed the Leveling/Sharpening (L/S) Shootout Task; a Theory of Other Minds perspective-taking task (TOM); and the Peabody Picture Vocabulary Test as an index of IQ.

Results showed that child witnesses evidenced poorer performance on all measures except L/S. Thus, three of four potential protective measures were lower for child witnesses. When abused witnesses were examined separately, they did not differ significantly from comparison children on the CBCL problem behaviors, and speculation was offered that abused witnesses may have been suppressing problem behaviors at home to avoid future abuse. Both abused and nonabused witnesses were lower on social competence and perspective-taking, suggesting that experience with relationship violence may be especially disruptive for the development of social competencies.

Significant relationships among L/S distortion errors, IQ, social competence, externalizing behavior problems, trauma symptoms, and school/preschool performance were observed and need further exploration with regard to the development of aggressive biases. Hierarchical moderator regressions revealed some significant contributions of interactive predictors of protective factors with marital aggression. These results suggested that in more, but not less, maritally aggressive homes, children with higher IQs and social competence levels had higher PTSD symptoms than did children with lower scores. In more, but not less, aggressive homes, children with better perspective-taking abilities also had higher dissociative symptoms than children with poorer perspective-taking abilities. Perhaps child witnesses who are brighter, socially more competent, or better perspective-takers are more aware of their mothers' distress and feel more personally distressed, as reflected in elevated levels of trauma symptomatology. A clearer understanding of developmental processes that become distorted or protective factors that function differently in violent environments could inform psychological and educational interventions.

Family Strengths and Adaptive Strategies

Development and Validation of the Preschool Socioaffective Profile

Peter J. LaFreniere, Jean E. Dumas

Presenters: Peter J. LaFreniere, Jean E. Dumas, France Capuano

The Preschool Socioaffective Profile (PSP) is a new instrument that assesses characteristic patterns of affective expression, social competence, and adjustment difficulties of preschool children in interaction with peers and adults. From the standpoint of research potential, the PSP was intended for longitudinal research of children at risk for later disorders. The clinical objective was to describe behavioral tendencies for the purpose of socialization and education, rather than to classify children within diagnostic categories. It was designed to meet the following criteria: (1) provide a standardized description of behavior in a context that is reliable, valid, and useful for preschool teachers; (2) differentiate specific types of problems, in addition to global assessments; (3) assess children's positive social adaptation or competence in both specific and general terms; and (4) yield measures of approximately equivalent internal consistency, reliability, and stability that are sensitive to behavioral change over time, in order to evaluate short-term treatment outcomes.

A representative sample of 994 preschool children was recruited from 60 different preschool classrooms in the Montreal metropolitan area. For the laboratory study, 168 children were classified on the basis of three factors: Social Competence (SC), Anger-Aggression (AA), and Anxiety-Withdrawal (AW). Social competence refers to a broad range of behaviors that indicate a well-adjusted, flexible, emotionally mature, and generally prosocial pattern of adaptation. The second factor is comprised of angry, aggressive, selfish, and oppositional behaviors, while the third factor is comprised of anxious, depressed, isolated, and withdrawn behavior. Inter-rater reliability of the three PSP factors was uniformly high (.86, .85, .83); factors were internally consistent as indexed by Cronbach's Alpha (.92, .90, .85); and assessments of test-retest reliability, with an interval of 2 weeks between tests, revealed high correlations (.86, .82, .78) for the three scales. Importantly, intercorrelations among these scores demonstrated nearly perfect orthogonality between AA and AW.

Concurrent validity for the PSP was established with the CBCL, and all factors differentiated a clinical from a normative sample. Construct validity was demonstrated with respect to classroom social participation and peer sociometrics. The anxious-withdrawn group was observed to be significantly less interactive in the preschool classroom than all other groups, though not necessarily neglected or rejected by their peers. They spent more time than did all other groups in activities on the periphery of group life, such as onlooking and parallel play, and were also prone to be alone and unoccupied. The aggressive group was the most interactive with peers and the most rejected. The competent group received the most positive nominations and the least negative nominations.

In the laboratory, SC children expressed more positive affect and were more cooperative than AW children, who expressed more negative affect. Mothers of the SC children displayed more positive behaviors and affect and were more contingent and more coherent in their discipline, while mothers of AW children failed to reciprocate positive affect or behavior and engaged in a high degree of negative reciprocity and superfluous, noncontingent control. These results were examined from a developmental, transactional perspective, and their implications for practice were considered.

Family Strengths and Adaptive Strategies

Life Satisfaction of Middle-Generation Hmong Husbands and Wives

Doaungkamol Sakulnamarka
Presenter: Doaungkamol Sakulnamarka

On the basis of Rice and Tucker's conceptual framework for quality of life, this study investigated the relationships among selected demographic variables, contextual variables, and domain satisfaction variables with overall life satisfaction for 30 middle-generation Hmong husbands and wives who resided in the Minneapolis-St. Paul, Minnesota area.

Data were collected in face-to-face interviews using an audiotape recorder. Both qualitative and quantitative methodologies were incorporated. Husbands and wives were interviewed separately by interviewers who spoke the Hmong and Lao languages.

The qualitative responses revealed satisfaction of Hmong husbands and wives with most aspects of their education, health, employment, marriage, family life, and with their overall life. Hmong wives were much more satisfied with their lives as a whole than were their husbands. The narrative responses, however, revealed the specific sources of dissatisfaction. A positive relationship existed between the perception of safety in the neighborhood, satisfaction with education, health, employment, and family life and overall life satisfaction for Hmong husbands. For Hmong wives, a negative relationship existed between years of schooling in the U.S., employment status, and time living in the U.S. and their overall life satisfaction. A positive relationship existed, however, between health-status perception and satisfaction with employment and family life and overall life satisfaction for Hmong wives. The strong positive relationship between family life and life satisfaction responses indicated the importance of family life to Hmong life satisfaction. Three patterns of Hmong life satisfaction were found: high life satisfaction couples, conflicted life satisfaction couples, and highly conflicted life satisfaction couples.

Parental Factors Correlated with Developmental Outcome in the Migrant Head Start Child

Mary Lou de Leon Siantz, Shelton Smith
Presenter: Mary Lou de Leon Siantz

This pilot study examined parental correlates of developmental outcomes among Mexican-American migrant farmworker children. Sixty children, their parents, and their current teachers were interviewed. Parent interviews concerned demographic information, psychological state (mastery, self-esteem, depression), family stress, social support, parenting behavior, and their child's developmental outcomes (behavioral problems, a general cognitive index, and peer acceptance). Teachers were interviewed concerning child behavioral problems and peer acceptance.

Regression analysis revealed that maternal parenting style accounted for a significant amount of the variance in child behavior problems reported by the mother, while maternal social support helped to explain the variance for peer acceptance reported by the child. The less accepting the maternal parenting style, the more child behavior problems the mother reported. Children of mothers who experienced social support reported more peer acceptance. The father's parenting style and social support also helped to predict a significant amount of the variance in the mother's report of child behavior problems and the teacher's rating of child behavior problems. Unexpectedly, the more social support the father reported, the less accepting the parenting style, the more child behavior problems the mother reported, but the fewer child behavior problems the teacher reported.

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Family Strengths and Adaptive Strategies

The Main and Risk-Buffering Effects of Social Support, Personal Resources, and Qualities of the Parent-Child Relationship on Young Children's Academic Adjustment

Wendy C. Gamble, E. Jeanne Woulbroun
Presenter: Wendy C. Gamble

Researchers have observed consistent associations between poor school performance and children's exposure to "risk" factors. Not all children characterized as "at risk" evidence the expected difficulties. To explain differential reactions, researchers have successfully examined intra- and interpersonal variables, collectively referred to as resistance or protective factors. Such factors are assumed to protect children from experiencing the potentially negative impact of risk conditions or, when unavoidable, to buffer or mitigate negative effects. The goal of this study was to examine the main and risk-buffering effects of three categories of protective factors simultaneously. Specifically, how do social support resources, personal resources, and qualities of the parent-child relationship operate to potentiate or ameliorate poor school performance under conditions of risk? Analyzing effects of multiple resistance factors should result in a more thorough understanding of the means by which some youngsters successfully adapt to adversity and help to identify those conditions that are most protective.

One hundred twenty-six children (56 girls) aged 5 to 8 (mean age = 6.65) participated in this research. Forty-three percent of the mothers identified themselves as white, 37% as Mexican American, and 10% as African-American. The remaining 10% included Asian Americans, Native Americans, and others. Fifty-seven percent reported an annual income of less than $20,000; 56% of the mothers were married.

Children completed measures describing their social support, their perceived competence and acceptance, their perceptions of control, their coping strategies, and their mother's parenting strategies. Mothers provided information about risk (an 18-item criteria checklist including income less than $15,000, family size less than 4 children, child premature or low birthweight) and a description of their parenting. Teachers completed Achenbach's Child Behavior Checklist. A GRADES score was computed from teacher ratings of performance in writing, reading, and math.

The first study objective was to replicate findings of a statistically significant association among an index of risk and academic performance that was accomplished ($r = -.47$, $p < .01$). In order to test the main and risk-buffering effects of support and the resources and qualities of the parent-child relations, hierarchical regression equations were generated.

The results confirmed expectations about protective functions of support and control and their ability to mediate risk and influence academic adjustment. Analyses demonstrated that these relations held for a younger sample of children than those previously examined. Of all the resistance factors tested, only a few proved to serve the hypothesized risk-buffering function. Results suggest the need to examine multiple protective and vulnerability factors simultaneously. In other words, academic adjustment is a multiply determined system, which in turn implies that it may be a multiply buffered system.

Family Strengths and Adaptive Strategies

Primary Caregivers' Strategies for Managing Family Stress: An Analysis of Sociocultural Processes at Play in the Use of External Resources *Joy Moreton, Michelle Porche*

Presenters: Joy Moreton, Michelle Porche

Within any home there exists competition among family members for a finite amount of material and time resources. Primary caretakers must attain and manage these resources for the benefit of all family members, with particular attention to the needs of their children. This study of low-income families, where resources are scarce, focused on mothers' patterns of coping with stress and ways in which these patterns are related to their children's early literacy skills. This analysis addressed the following questions: Are there differences in coping responses of a sample of low-income families compared to national norms based on data from a middle-class sample? Are there differences between Head Start and non-Head Start mothers within the low-income sample? How well do the family patterns of coping skills predict children's literacy outcomes?

Maternal interview data were gathered from 72 low-income families participating in the longitudinal Home-School Study of Literacy and Language Development, now in its sixth year. Half the sample was located through Head Start programs, the other half through alternative preschool or day care programs. The majority of the families were white, about one fourth were African-American, and several were Hispanic (English-speaking).

To measure coping styles and strategies, the F-COPES instrument was administered to mothers during the fifth wave of data collection. The F-COPES identifies problem-solving strategies along the following dimensions: reframing stresses in a more positive way, passive appraisal or avoidance, acquiring social support, acquiring spiritual support, and mobilizing the family to acquire and accept help.

Using two literacy outcome variables from first grade testing of target children, the relationship between coping styles of families under stress and the child's school achievement was examined. One measure, the CELF, was a listening comprehension task. The other measure was the GRAY ORAL task, in which children were given a paragraph to read aloud.

Results indicated that there were different patterns of coping strategies for the low-income sample compared to national norms, with median scores for the dimensions Spiritual Support and Accept Help lower for the low-income sample. In terms of the dimension, Passive Appraisal, the low-income sample was much more active in their coping response than the national sample. Responses for Head Start and non-Head Start groups in the low-income sample resulted in identical median scores for the dimensions of Reframing and Spirituality. Median scores for the dimensions of Accept Help and Social Support were higher for the Head Start group, while the median score for the dimension Passive Appraisal was higher (but still considerably lower than the national sample). As a group, the five dimensions representing family coping patterns were important predictors of two literacy outcomes: listening comprehension and oral reading skills.

F-COPES provided useful insights into the ways that low-income families may differ from families experiencing less chronic stress in their lives. It also suggests exploration of possible effects on family coping patterns as a result of participating in Head Start. Of primary importance is that family patterns of coping are related to children's literacy achievement.

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Family Strengths and Adaptive Strategies

Family Functioning and Child Outcomes among Homeless and Housed Head Start Families *Elaine A. Anderson, Sally A. Koblinsky*

Presenters: Elaine A. Anderson, Sally A. Koblinsky

The purpose of this study was to investigate relationships between family variables and the development and self-concept of homeless and housed Head Start children. The study sought to determine whether there were significant differences in the developmental status and perceived competence/social acceptance of homeless and housed preschoolers, as well as differences in the family backgrounds and functioning of homeless and housed Head Start mothers. The research also examined the contribution of family functioning variables to the prediction of child outcome measures in homeless and housed samples.

Subjects were 33 homeless and 28 housed low-income mothers who had a preschool child enrolled in a Head Start program in the Washington, DC/Baltimore area for an average of one year. Approximately 95% of the mothers were African-American. Homeless mothers were residing in "transitional" housing shelters or doubled up temporarily with family or friends. At the end of the school year, mothers completed an interview that examined demographic background and various measures of family functioning, including the Social Support Index, the Family Strengths Scale, the Life Events Scale, and the Center for Epidemiological Studies Depression Scale. Children were administered the Caldwell Preschool Inventory and the Pictorial Scale of Perceived Competence and Social Acceptance.

Analyses of covariance, using the child's age as the covariate, revealed that homeless children obtained significantly lower scores than did housed children on the developmental inventory. There were no significant differences between the two groups' perceived competence and social acceptance scores.

Analyses of variance revealed that, in comparison to housed mothers, homeless mothers were significantly less educated, more likely to be single, more depressed, and had experienced more recent life events requiring changes in life patterns. Homeless mothers received significantly more institutional support (e.g., social and health services) than did housed mothers, but there were no significant differences in the two groups' receipt of extended family or extrafamilial support. Homeless and housed families did not differ significantly on the measure of family strength.

Stepwise regression analyses identified the relative contribution of family functioning variables to the prediction of child development outcomes. Only one variable, child's housing status (homeless vs. housed), was a significant predictor of children's developmental status. Maternal education and magnitude of life events were significant predictors of both children's perceived cognitive competence and peer acceptance. The higher the mother's education and the more life events, the more positive the children's scores. Family support and life events were significant predictors of children's perceived physical competence, with more competent children experiencing more family support and more recent life events. Finally, life events and the number of adults in the child's household were significant predictors of perceived maternal acceptance, with children who had more adults at home and who had experienced more recent life events scoring more positively.

Findings have important implications for Head Start, emphasizing the need for efforts to enhance homeless children's language, motor, and social development. Results further suggest the need for parenting interventions to reduce maternal depression, increase family support, and provide opportunities for mothers to extend their education.

Family Strengths and Adaptive Strategies

Play Buddy Project: Using the Play Resources of Resilient Peers to Improve the Social Effectiveness of Head Start Children in High-Risk Environments

John W. Fantuzzo, Brian Sutton-Smith, Howard Stevenson, Kathy Coyle,
Saborah Abdul-Kabir, Darlena Debnam, Andrea DelGaudio
Presenters: John W. Fantuzzo, Brian Sutton-Smith, Howard Stevenson, Patricia H. Manz, Saborah Abdul-Kabir, Darlena Debnam

The Play Buddy Project was designed to study and use the play resources of resilient Head Start children from high-risk urban environments to assist socially unsuccessful children. Data were presented on developing and evaluating a play assessment method and a classroom-based, peer intervention.

The Penn Preschool Play Scale (PPPS) is a teacher rating form that consists of 36 items inductively derived from studying videotapes of Head Start children at play during the first year of the research project. In the second year of the project, 40 teachers completed PPPSs on over 300 children.

Preliminary analyses of the PPPS revealed three reliable factors (alpha = .90): Play Disruption, Play Disconnection, and Play Buddy. Items loading on the Play Disruption factor included, for example, starts fights and arguments, grabs others' things, is physically aggressive. The Play Disconnection factor consisted of items such as hovers outside play group, withdraws, wanders aimlessly, and is ignored by others. Finally, sample items loading on the Play Buddy factor included shares ideas, encourages other children to join play, and helps settle peer conflicts. Current analyses are focusing on validity. Standardized measures of social competency, sociometrics, and observational data of dyadic play will be used to assess the validity of this measure.

The effectiveness of the Play Buddy Intervention was determined by identifying a group of 50 children who evidenced the lowest level of social effectiveness in play out of a population of 480 children. These children were randomly assigned to one of two conditions: (1) Play Buddy Intervention or (2) Attention Placebo Control. The children in the Play Buddy condition were paired with a play buddy and received approximately 10 play sessions over a 5-week period (two sessions per week). Each play session was in the play corner and occurred during regular classroom free-play times. The children in the control condition were paired with a peer who evidenced average competence in play. These children had the same number of opportunities to be in the play corner with their partner as did the children in the Play Buddy condition.

Play sessions were videotaped. Postintervention videotapes were coded using a coding system derived from prior research on preschool children's play. Major categories included negative play behavior, positive categories (parallel, associative, cooperative, integrative), and nonrelationship categories (solitary, sitting, standing, watching).

Postintervention analyses revealed significant differences in positive play categories favoring the children in the Play Buddy condition. Specifically, the children in the Play Buddy condition evidenced significantly higher levels of associative and cooperative play compared to children in the control condition. Moreover, children in the Play Buddy condition exhibited significantly lower levels of solitary play compared to children in the control condition.

Implications of this study were discussed in terms that established assessment and intervention strategies for Head Start classrooms in partnership with teachers and parents.

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Family Strengths and Adaptive Strategies

Mothers' Use of Assistive Solutions for Child Care Problems: Contributing Factors

Karen F. Pridham, John M. Pascoe

Presenter: John M. Pascoe

The types of solutions a mother uses when dealing with problems with her child are important for her child's development of problem-solving competence, social responsibility, and self-esteem. What is termed here as assistive solutions enhance the child's self-esteem and educate the child to adaptively regulate his or her behavior, keeping social expectations and personal needs in mind. Coercive solutions, on the other hand, control the child. Although they may be intended to teach, they in fact interfere with children's problem-solving competence and self-esteem. Knowing what factors relate to mothers' use of assistive solutions could aid family-service workers in tailoring support to mothers at risk for limited use of assistive solutions.

The study objective was to learn how four factors were related to mothers' use of assistive solutions: (1) the type of problem (located within or external to the family); (2) the age of the child involved in the problem (preschool/school-age or adolescent); (3) maternal attributes (number of children, age, years of education, and verbal ability); and (4) social supports.

The 128 mothers, recruited from primary care and WIC clinics, had children ranging in age from 1 month to 18 years, and averaged 31 years of age (range 18 to 48 years) and 14.6 years of education (range 9 to 21 years). Most (108) mothers were Euro-American, 13 were African-American, 4 were Hispanic, and 3 were Asian. Most mothers were married (72%) and multiparae (61%). Mothers had one to six children (median number = 2).

Mothers completed a family/personal information questionnaire, the Verbal Meaning Ability Test, and the Social Support Index (SSI). They also responded on the telephone to eight simulated problems. The dependent variable (the number of assistive solutions) and the independent variable (acquires information) were obtained from mothers' responses to four sets of problems: young child/internal to the family; young child/external to the family; adolescent/internal; adolescent/external. The SSI was the source of other social support variables such as help with child care, help with household tasks, and involvement with others.

Results showed that more assistive solutions were offered for problems involving adolescents than for problems involving younger children and for external problems than for internal problems. The number of assistive solutions for each of the four sets of problems was the dependent variable in hierarchical set regression analysis, with the set of social support variables entered after the maternal-attribute variables. The variance contributed by the maternal-attribute and social-support variables was significant for the internal problems for both younger children and adolescents, but not for the external problems. For the internal problems, verbal ability was the only maternal attribute significantly related to number of assistive solutions for both younger and older children. The social support variable, help with household tasks, was negatively related to number of assistive solutions for younger children. Acquires information was positively related to number of assistive solutions for adolescents. How the variable, help with household tasks, functions in relation to maternal problem solving remains to be explored. Mothers who need more help with household tasks may not have the leisure time for reflecting on assistive solutions and may be prone to using coercive solutions with younger children. For adolescent problems, the use of assistive solutions may be strengthened by having other adults available for supplying information for problem solving.

Family Support Services

Building Communities of Support for Families in Poverty *Margaret D. Slinski*

Presenter: Margaret D. Slinski

This study focused on building communities of support for vulnerable youth and families, not only in the school setting, but also in high-risk neighborhoods. The process for developing these communities focused on an ecological approach to strengthening youth and families in the context of their own environment. The research base of the model included the work of scholars in the areas of sociology, family sciences, education, psychology, and economics. Evaluation data gathered via structured interview, survey, anecdotal recording, and, most recently, via participatory research indicated that youth and families were being strengthened as a result of the information sharing, group programming, and sense of mutual support provided through this model.

The Master Teacher in Family Life Program is a community development/family life training-the-trainer model that teaches natural leaders (teens, parents, grandparents) within poor communities information and skills that will enable them to improve the quality of life in their neighborhoods. Once trained, these leaders will (1) increase knowledge and skills in their communities by creating an effective communication system; (2) reduce personal isolation by creating and sustaining a network of support for children, teens, and adults; (3) link youth with ongoing individual mentoring and group programming delivered by positive role models; and (4) improve links with mainstream society, beginning with the program educator. The program is unique in that it views the neighborhood resident as the expert and then builds strengths from within the targeted community, rather than focusing on support from "outsiders."

Although this program has developed according to pragmatic assessments of what actually works, it has roots in the theories of Alfred Adler and Urie Bronfenbrenner. The program recognizes the depth of discouragement that disadvantaged individuals feel today (Adler's levels of discouragement) and attempts to deal with that discouragement by strengthening the individual and support systems (Bronfenbrenner's ecosystems) that affect a person's ability to make positive changes. The work of Paulo Fiere, Peter Park, William Julius Wilson, Paula Dail, Mary Jo Bane, and Catherine Chilman has also played a major role in the development of this program.

Impact resulting from program implementation ranged from personal growth of individuals to change in public policy. In an average neighborhood, Master Teachers volunteered a total of about 2,000 hours a year and reached about 60 young people with long-term programming. Roughly 300 individuals each year received individualized information or support or were linked to specialized agencies. Trained volunteers moved from the welfare roll to full-time employment; young parents learned to accept and redirect the behaviors of independent two year olds; youth were connected with positive, on-site long-term youth groups rather than with gangs; whole communities received grief counseling as a result of a violent death in the neighborhood; drug dealers left neighborhoods as residents became more connected; funders came to respect neighborhood empowerment as essential to providing opportunities for long-term positive change — often breaking intergenerational patterns.

Conclusions drawn from program implementation based on evaluation indicate that: holistic program efforts do indeed maintain long-term changes in behavior; focus on the resident as the expert results in an earlier engagement of friends, neighbors, and relatives in the change process; and even our most discouraged citizens have the capacity to make positive change when offered respectful programming. Key to the success of this program was building on strengths of individuals living in disadvantaged situations in order to foster self sufficiency — a contrast to the current focus on, and rewarding of, weaknesses.

Family Support Services

Predictors of Parent Involvement in Drug Prevention *Ellen J. Hahn*

Presenter: Ellen J. Hahn

Early parent-child prevention programs show promise in preventing alcohol and other drug (AOD) use among youth. Motivating parents to get involved with their children at a young age, however, is often difficult. The purpose of this study was to examine the relationship between parental health beliefs and behaviors and parent attendance in one AOD prevention program with their children. The Health Belief Model (HBM) was used to explain the likelihood of parent attendance in BABES (Beginning Alcohol and Addictions Basic Education Studies) with their preschool children at Head Start.

A convenience sample of 200 Head Start parents from two East Central Indiana counties was invited to participate in BABES with their preschool children once a week for seven weeks (participation rate = 63%). Through the use of puppets, the BABES curriculum teaches children about self-esteem, feelings, decision-making, peer pressure, coping, and getting help in an age-appropriate way. For this study, the BABES program was modified to include a parent-child component developed and pilot-tested by the investigator. Self-report instruments were administered prior to BABES. Parent attendance data were collected during BABES. A randomly selected subsample of 44 parents were interviewed after BABES about their involvement in the program.

Barriers and benefits were the only HBM variables directly related to parent attendance. A direct discriminant analysis with three attendance groups yielded two significant functions, accounting for 31% and 18% of the variability in parent attendance. Classroom involvement, barriers, county, and race predicted high attendance. Even after removing county from the discriminant model, race still produced a significant change in Rao's V (6.57, $p \leq .04$). White parents were more likely than African-American parents to attend BABES.

AOD use-severity, benefits, and role-modeling predicted low attendance. Frequent AOD users attended BABES, but did so infrequently and at low levels. Seventy-six percent of predicted nonattenders were actual nonattenders — an improvement from 42% expected merely by chance. Qualitative interviews identified the major barriers as lack of transportation and child care, health problems, and work. High attenders expressed past or current family problems with AODs. Low attenders expressed no consistent patterns in regard to barriers.

The HBM was not a particularly useful framework for predicting the likelihood of parent involvement in AOD prevention with their children. Barriers and benefits were the only major HBM predictors of parent involvement. Results suggest the need to minimize barriers, maximize benefits, and promote culturally sensitive and site-specific programs. African-American parents may have perceived the expectation for classroom involvement as threatening and not consistent with their values. Because frequent AOD-using parents attended BABES at low levels, there may be a need for on-site AOD information, screening, and referral for parents during the BABES program.

Family Matters: Evaluation of an Empowerment-Oriented Support Program

David Diehl, Moncrieff Cochran

Presenters: David Diehl, Moncrieff Cochran

The Family Matters program was designed to encourage and support positive parenting, foster the sharing of parent-child information, encourage the growth and mobilization of social networks, and facilitate parental action on behalf of children. The mechanisms for program delivery were home visits focusing on the positive recognition of parenting and family strengths, cluster groups emphasizing neighborhood-level social networking and support, and community action based on an empowerment process.

In the data analysis stage, four ecological niches based on race and family structure were defined. This allowed an assessment of the impacts of the program for families of different types. The primary hypothesis was that the program would affect families differently, depending upon their race and family structure. It was further hypothesized that the social processes stimulated by program involvement would result in different child outcomes in the distinct ecological niches.

These hypotheses were supported. The Family Matters home visiting and neighborhood supports program stimulated parental processes differently in distinct ecological niches. In general, single parents became more involved with unrelated friends and neighbors, whereas mothers in two-parent families increased their involvement with the kinfolk in their networks. These differences in networking initiatives mirrored the general patterns of network reliance in these two-family types, which show single mothers with non-kin-dominated networks and married mothers with kin-dominated networks.

Other process-level impacts of the program were very specific to particular subgroups: parental perceptions of self-control and amount of remedial assistance from teacher (African-American single-parent families); home-school communications and satisfaction with the parenting role (Caucasian single-parent families); and perceptions of stress and teacher provision of academic help (Caucasian two-parent families). Program impacts on child performance in school were found primarily for Caucasian children with two parents, especially for those parents with less education. This may be due in part to the larger size of that subgroup, resulting in greater statistical power. However, it also suggests that program participation may have affected parental attitudes and behaviors in ways that may naturally occur as a result of education beyond high school.

Parent and teacher perceptions appear to have been affected in important ways by the program. African-American mothers seem to have become more critical of their own parenting styles (e.g., less calm and more impatient), and the teachers of their children reported providing more remedial assistance than comparison group teachers, despite the fact that the children in the two groups were performing similarly in school. Caucasian single parents perceived the parenting role more positively. The teachers of program children with two parents perceived themselves as giving more help to those children than did comparison group teachers. Family Matters clearly had different effects on different kinds of families.

Family Support Services

An Approach That Works: A Program of Support and Education for Low-Income Mexican-American Mothers

Gloria Rodriguez, Theresa H. Escobedo
Presenters: Gloria Rodriguez, Theresa H. Escobedo

This study examined the effects of a family support and education program on the quality of the home environment of low-socioeconomic Mexican-American mothers. The investigation analyzed a small portion of data collected as part of the larger, ongoing Avance Program that provides parenting education and support services to further the mother's education and ability to secure gainful employment. This particular component, the Avance Family Support and Education Program, examined the effects of the program on the quality of the home environment of a sample of low-income Mexican-American women and their children under the age of 3, residing in two communities in a large central-Texas city. The sample included two experimental groups (one matched and one randomly assigned), $N = 57$, and their respective control groups, $N = 135$.

For 9 months, the children of the two experimental groups of mothers attended weekly center-based activities while the women attended parenting education sessions. These sessions focused on child development, mother-child interaction skills, and appropriate play materials and books. In addition, home visitors scheduled bimonthly home visits that included videotape recordings of mother-child play activities, which were used in conjunction with an observational form to provide feedback to the mothers. The tapes were shown, with consent of mothers, to small groups at the instructional weekly sessions. The control group received no treatment. The Home Observation for Measurement of the Environment (HOME) instrument was utilized at pre- and posttest to compare experimental and control-group scores. Multiple regression and analysis of covariance were utilized to determine program effects.

Data indicated significant differences at the .05 level, favoring experimental group mean posttest scores on the total HOME scale, the Mother's Emotional and Verbal Responsivity scale, and the Mother's Provision of Appropriate Play Materials scale. Both experimental groups of women were found to display more emotional and responsive behaviors toward their children and to provide them with more appropriate play materials than did the control group. There were no significant differences between HOME scores of mothers born in the United States and those born in Mexico.

These findings indicate that community-based programs, like Avance, can support low-income mothers in improving the home environment of their young children and can provide early education and support in a familiar setting. This study focused on the mothers; data on the children were not analyzed. However, because other studies of home environments using the HOME have found improved conditions to be correlated with the child's growth and development, as well as correlated to later school achievement, the significantly improved environments found by this study can be interpreted to imply similar effects in terms of linguistic, emotional, social, and cognitive development of the children of the experimental mothers. In addition, this study has implications for the experimental children's future academic success in that they are better prepared to learn and to succeed academically, and they have a better opportunity to become future members of the nation's work force.

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Family Support Services

Effects of the "Steps to Excellence for Personal Success" Training Program with Low-Income Families *Michaelle Ann Robinson, Sebastian Striefel, Kathleen Watts*

Presenters: Michaelle Ann Robinson, Sebastian Striefel, Kathleen Watts

A low self-concept in parents often prevents families from achieving economic self-sufficiency and inhibits the normal development of their children. This study was designed to investigate effects of the "Steps to Excellence for Personal Success" (STEPS) training on the depression, locus-of-control, and self-concept scores of low-income parents. The STEPS training program was designed to promote self-beliefs and attitudes often associated with successful performance. The curriculum uses techniques of goal setting, controlling negative and promoting positive self-talk, visualization, and personal affirmations. In previous research, participation in the STEPS program resulted in significantly higher learning, self-esteem, internal locus-of-control, and self-efficacy than seen in a comparison group.

In the current study, the STEPS training included two full-day sessions one week apart. Trained facilitators used a structured curriculum of videotapes, small-group discussion, and individual assignments with a group of parents. The group training was followed by a structured 13-week self-study using audiotapes and worksheets. Dyads of participants were instructed to make weekly telephone progress checks. STEPS facilitators made phone calls at weeks 2, 6, and 10 to monitor parents' follow-through with self-study. At the participants' request, a weekly follow-up meeting was initiated at week 6.

Participants included 15 low-income parents who volunteered for the training as part of a CCDP project at Utah State University. An additional sample of 15 parents from the CCDP project was randomly selected from a pool matched for gender and educational background. The Beck Inventory of Depression, the Adult Nowicki-Strickland Internal-External Control Scale, and seven domain scales of Messer and Harter's Self-Perception Profile for Adults were administered immediately prior to the training, at the completion of self-study 13 weeks later, and at a follow-up interval of 3 months.

Pre- and posttraining data were analyzed on a sample of 12 matched parents; the follow-up analysis included a sample of 10 matched parents. To examine the clinical significance of the STEPS training, the pretraining, posttraining, and follow-up median scores of the treatment and control groups were graphed for each measure of the depression, locus-of-control, and self-perception domains. Visual inspection indicated that treatment group scores improved from pre- to posttraining on all measures.

These preliminary results indicate that STEPS training may be effective in relieving mild to moderate depression of low-income parents, internalizing their locus-of-control, and promoting global self-worth, job competence, sociability, and household management domains of self-concept. Self-perceptions of satisfying appearance, being an adequate provider, and feeling intellectually capable were not affected by the STEPS training with this sample of parents. Caution should be used in interpreting these results since the two groups were not randomly assigned. Training strategies to ensure maintenance of gains over time need further investigation.

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Family Support Services

An Evaluation of a Parent Education Program: An Ecological Approach

Shi-Ruei Sherry Fang, Martha Wingerd Bristor, Elaine Williams
Presenter: Shi-Ruei Sherry Fang

This study was designed to evaluate the ways families utilize various family resources to adapt to parenting stress that is associated with the transition to parenthood. The family resources identified were marital adjustment, parental knowledge of child development, and maternal social support. In addition, this study was designed to evaluate a parent education program, i.e., the Family Infant Toddler Learning Program (FITL), and its effectiveness in reducing parenting stress. The FITL is a program that requires the participation of mother, father, and their young child 3 months to 3 years old. Parental knowledge and skills are taught to parents who are responsible for their own children. Information on four self-report instruments was collected for 76 families in the pretest and 20 families in the posttest.

Based on the ecological framework, parenting stress of individuals and families was viewed as the outcome of functioning of the resource variables in various levels of the family ecosystem. Consequently, the ways individuals and families adapted to parenting stress in terms of the relationship to each of the resource variables were tested. Path analysis was performed to assess the conceptual model and the causal relationships between resource variables and parenting stress.

The results indicated that both mothers and fathers were vulnerable to parenting stress. Mothers tended to report more negative aspects of parenthood than fathers. Marital adjustment strongly affected maternal parenting stress, and maternal social support strongly affected paternal parenting stress. After the FITL experience, the differences between mothers and fathers in all domains of measurement decreased. Most of all, maternal social support, marital adjustment, and child development knowledge increased while parenting stress decreased.

The results of this study provide a model for understanding the dynamic and complicated process of adaptation that individuals and families have to make in coping with parenting stress. The findings strongly suggest that a family interacts with various components in the environment in order to exchange resources for needed adaptation. The research was useful in providing valuable information to new parents and program developers. Furthermore, the FITL program can serve as a model and as an integral part of many community settings, such as day care centers, schools, community hospitals, and churches. The FITL program is valuable in training educators and early childhood professionals, due to its holistic approach. The findings of this study may be useful for counselors and family therapists in understanding the dynamics of various relationship systems and the vulnerability of these systems during the period of transition to parenthood.

Family Support Services

Social Support in Scottish Family Centres: Impact on Family Relationships and Well-Being *Rosalind Kirk*

Presenter: Rosalind Kirk

Family centres in Scotland provide a range of integrated, multidisciplinary services with preschool education and parental involvement as core components. Throughout the 1970s and 1980s, a family centre movement emerged in Scotland, influenced by rapid expansion of community development initiatives in socioeconomically deprived areas throughout the U.K., as well as the family support movement in the U.S. and developments in the Head Start Program. Different models developed, opening up debate about their underlying values, functions, and effectiveness.

In contrast to almost all other European countries, child care in the U.K. is seen as essentially a private family matter, rather than a social responsibility or an investment in future generations. This is reflected in poorly coordinated and diverse forms of service and little real choice because of relatively low levels and prohibitive costs. Recent legislative changes in this area extended day care regulation and also introduced a new duty to review childminding (home care), day care, and education services for children under 8 years. This review was to be undertaken jointly every 3 years by Regional Authority Social Work and Education Departments. Each Regional Authority in Scotland (12) has published a report based on their findings within the past year. In Tayside Region (pop. 400,000), it was found that 40% of preschool children used some form of day care or education place. Only 2% attended family centres, with need outstripping availability for all types of services except childminding.

Within the context of the review, a study was set up employing an ecological perspective to investigate the relationship between social support, preschool centres, and changes in family relationships and well-being. Eighty-five families participated in a longitudinal study that began in 1992. The families were identified from the registers of six preschool centres with children likely to spend at least 2 years in day care. The centres were closely located within a one-mile radius. Three centre models were found, differentiated by primary function, funding, and staff backgrounds (Family Centres (models 1 and 2) and Nursery). A response rate of 70% was obtained at the first stage of the study. The follow-up, one year later, is currently in progress.

The preschool services and environment were assessed using a standardized measure and staff interviews. Family assessment comprised parent interviews, measures of parenting stress, social support, and general health, along with developmental screenings of children by staff and by an independent health visitor.

Preliminary analysis suggests that lower income, lone parents were more likely to use one of the Family Centre models rather than a Nursery. They were more socially isolated and motivated to increase their social network through centre use than the other parents and more likely to have been referred by an agency than by self-referral. They were also more likely to have had more contact with other agencies. In almost all other respects, the families cannot be differentiated, e.g. levels of stress, general health, etc. All parents had a fairly clear idea of the differences in function of each model. Parents using these centres were aware of the stigma attached to them. The follow-up will investigate the outcomes for families. The study will make recommendations for adult support in preschool care and education.

Family Support Services

Integrating Research and Practice: Crisis Intervention in a New Parents Clinic

Phyllis Zelkowitz, Tamara H. Milet

Presenter: Phyllis Zelkowitz

A program of research in a psychiatric clinic serving families with mental health problems during the prenatal, perinatal, and postpartum periods was described. This "New Parents Clinic," with its interdisciplinary team of psychiatrists, psychologists, family practitioners, nurses, and social workers, is part of the Crisis Intervention Service in the Department of Psychiatry in a general hospital. Assessment involved the evaluation of all family members, looking at past history of stress and/or psychopathology, the contribution of the infant to the parent's current psychological state, as well as an understanding of the developing parent-infant relationship in the context of the current problems. Data on referral sources, presenting problems, diagnosis, treatment, and outcome in the first 52 cases treated in the New Parents Clinic were presented.

Empirical research also grew out of the work of the New Parents Clinic. A finding of frequent onset of symptoms during pregnancy led to a screening of couples for depression in the second trimester of pregnancy, in conjunction with several obstetricians affiliated with the hospital. In addition, clinical experience has suggested that most perinatal interventions are "mother-oriented." Very little research has examined the psychological adjustment and marital satisfaction of the spouses of postpartum depressed women. To study this problem, couples in which the wife is experiencing postpartum depression were compared to control couples in which the wife is not depressed on measures of psychiatric symptoms, marital satisfaction, changes in marital and family functioning following the birth of the infant, and infant outcomes.

Preliminary findings in this community sample indicate that women exhibited a broad range of diagnoses in the postpartum period, including depression, panic disorder, generalized anxiety disorder, eating disorders, and adjustment disorders. More than one third of their partners received a psychiatric diagnosis as well, including adjustment disorder, substance abuse, and somatization disorder. Findings indicated that husbands reported lower marital satisfaction when their wives reported many somatic symptoms. Husbands who reported many symptoms of depression and anxiety were very worried about problems in the marital relationship, including not having enough time to spend with their mates. The husbands who were dissatisfied with changes in the frequency of social activities with their mates and with the amount of attention that they received from, and opportunities to talk with, their wives reported more symptoms of depression and anxiety.

These preliminary findings suggest that marital problems may arise in cases of postpartum depression because of changes in household routine and in the mutual supportiveness of the spouses. To summarize, there is a mutually enriching relationship between research and clinical practice in the New Parents Clinic of the hospital. Clinical experience has generated important research questions about the role of the spouse in postpartum depression and the need to include both partners and the infant in assessment and treatment. Careful data collection in the clinic has suggested the utility of screening for psychiatric disorders during pregnancy and the need for awareness that postnatal problems may be expressed in a variety of symptom patterns.

Multigenerational Parenting: Treating Grandmothers and Young Children in a Therapeutic Nursery *Carmen G. Rodriguez, Pamela Meersand, Nicholas Cunningham*

Presenters: Carmen G. Rodriguez, Pamela Meersand

Within the last decade, a new high-risk family unit has emerged. The United States has experienced a dramatic increase in the number of grandparents assuming legal guardianship of their young grandchildren. Born to drug-addicted, abusive, or neglectful parents, these youngsters are removed from their homes by government authorities. Grandmothers who are often ill prepared for kinship foster care assume this role because they are faced with the alternative of losing their grandchildren to strangers in the foster care system.

By examining a sample of grandmothers in treatment at a therapeutic nursery for high-risk families, this study highlighted the growing need for new developments within an existing treatment model. While the course of treatment remained the same for all families — initial engagement, goal setting, therapeutic course, and termination — the sample of grandmothers tended to progress through these stages in a manner that distinguished them from the typical mother-child family. Unique patterns typified the mature woman's initial presentation, her relationship to a therapist who was often her junior, and the idiosyncratic issues that she brought to treatment.

Five case studies of grandmother-headed families were compared to a group of mother-headed families. The grandmothers ranged in age from 45 to 55; all were unmarried heads of household. The target children ($n = 13$) were 3 to 4 years of age at time of referral. The clinical comparison group ranged in age from 23 to 35. The target children ($n = 9$) were 2 to 4 years old. These groups were compared on demographic characteristics, presenting problems, and course of treatment.

At time of referral, the grandmothers perceived their grandchildren as being damaged and presented themselves as being emotionally and economically stressed. Most grandmothers were resentful of the burden of parenting their own children's children, but were not willing to relinquish the children to the public foster care system. The feeling of being overwhelmed was accompanied by a strong sense of guilt at having failed to adequately parent their own children. The grandmothers' parenting style appeared to be authoritarian, with rigid and punitive elements.

Existing models of parent-child intervention were designed for young parents and children. The present case study comparison-highlighted the different social, emotional, and therapeutic needs of the high-risk grandmother-grandchild dyad in kinship foster care, as well as the need to adapt existing models to evolving needs. Both therapeutic nursery and Head Start staff would benefit from training on effective approaches for working with high-risk single grandparents raising young children.

Family Support Services

Evaluation of a Substance Abuse Project for Head Start Families

Rebecca A. Baldwin, Carolyn Dimson, Shannon Huebert
Presenter: Rebecca A. Baldwin

A 1991 needs assessment study suggested that 50% of targeted Head Start families in southern Colorado had substance abuse problems. Since this population does not experience problems related to drug and alcohol abuse in a context where they have plentiful resources to deal with these issues, the Community Partnership for Child Development/Head Start agency in Colorado Springs developed a pilot project that addressed needs of children and their families in terms of substance abuse issues, i.e. Substance Abuse Project (SAP). This project also made an effort to consider cultural differences when implementing the program.

In order to assess whether the project was effective and to determine whether continuation of the project was justified, a program evaluation format was developed. Resources were initially focused on (1) identifying the goals and objectives of the program; (2) developing a set of evaluation questions to be addressed; and (3) reviewing of archival data in order to determine if any assessment measures presently in use could be utilized for the evaluation. After a brief review of the literature was undertaken to identify any additional instruments that might be useful in evaluating the program, specific evaluation questions were developed and appropriate instruments were identified. Data were collected at the beginning of the school year to procure information from the two populations addressed by the SAP, i.e., the Head Start staff, in terms of substance abuse intervention skills, and identified Head Start families, in terms of social competence and level of functioning in the presence of substance abuse. Archival data were used as much as possible, but questionnaires and other instruments were used to provide additional information on the effectiveness of the program by identifying pre- and post-program characteristics, including measures of self-concept, parental stress, etc., for the Head Start families and measures of knowledge and confidence for the Head Start staff.

The initial analysis of the evaluation project suggested that the identification of families was proceeding well, but the ability to engage the Head Start families in some type of program that would address substance abuse issues and the effects of these issues on the families was difficult. The problematic behaviors of these families included ongoing denial of problems, caretaking behavior by the spouses and families, the tendency to avoid participation in their children's programs, and general hostility when issues of substance abuse were brought up. The other population that was addressed was the Head Start staff and their ability to deal with this type of problem. In-service trainings, which provided specific knowledge to the staff, were well received, and preliminary analysis of the evaluation instruments suggest that their confidence level increased with knowledge, experience, and positive reinforcement.

Family Support Services

Family Support Programs: Differential Impact Relative to Community Context

Janet J. Fritz, David L. MacPhee, Janet L. Miller-Heyl
Presenters: Janet J. Fritz, David L. MacPhee, Janet L. Miller-Heyl

Family support programs have been shown to be associated with significant improvement in children's lives, yet the specific reasons for the positive child outcomes have not been clearly delineated. Perceived competency models postulate a direct effect of parental self-efficacy on childrearing practices, which in turn influence the child's development. It is not known if this predicted relation would be equally evident across different cultural/community contexts.

This study evaluated multiple family support programs across sites that varied in community size, income levels, and ethnicity. Programs shared a common focus of enhancing perceived competence in the parental role, effective childrearing practices, and use of support systems. A total of 403 intervention and 197 control families participated. All families were at risk due to poverty, school failure, family history of child or substance abuse, and/or lack of social support. The multiethnic sample of 18% Mexican American, 27% Native American (principally Ute), and 52% Anglo was composed of parents with preschool children who participated in one of three types of programs. All three programs, a Nurturing Parent program, a Parents Coping with Stress program, and a series of Dare to be You programs, focused on enhancing parental self-esteem and effective childrearing practices.

Family-based programming was provided across a variety of community contexts (reservation, isolated rural, small town, and urban settings). A common set of measures of parental self-esteem, locus-of-control, childrearing attitudes and practices, child behavior and developmental levels, and social support was used to assess program effects, with the majority of participant families randomly assigned to an intervention or control group. Parental self-esteem increased significantly, as did positive childrearing practices; further, these changes were maintained at follow-up assessments a year or more later.

Programs differed in terms of their impact on parental functioning and the child's development. Initial site differences were found on every measure, which reflected cultural values held regarding authoritarian versus democratic control and locus-of-control beliefs. While the interventions proved equally effective across community contexts on most variables, site differences highlighted the need to examine the exportability of specific aspects within programs. The data shed light on issues regarding the provision of family support services to high-risk families living in geographically isolated rural areas.

Family Support Services

Star Parenting: Parent Education for Low-Income Families *Greta F. Bartels*

Presenter: Greta F. Bartels

Star Parenting is a short-term parent education program developed for low-income parents with preschool children. Parents are taught Adlerian-based principles in parenting styles, communication, parent and child self-esteem, sibling rivalry, and discipline. They are also shown, in workshop fashion, how to make toys to use at home to reinforce these parenting principles while devoting full attention to their children in enjoyable activities.

Theory and research suggest that parent behavior is difficult to change, especially for short-term programs for low-income families. Twenty-eight Head Start mothers were divided into matched experimental and control groups. Each mother was videotaped playing with her child, before and after the six-session Star Parenting program. Independent observers tallied the frequency of discrete positive, neutral, and negative behaviors that had clear beginnings and endings. Continuous behaviors that did not have clear beginnings and endings were rated on a 5-point Likert-type scale, from negative to positive. The hypothesis that six Star Parenting sessions were not enough to significantly change behaviors of low-income parents was supported except for a noted increase in neutral verbal behaviors as a result of the program.

The program was designed to match content and structure to the needs and characteristics of low-income/education parents. Head Start provided babysitting, transportation, refreshments, and the rapport necessary to recruit participants. Star Parenting uses appropriate vocabulary, requires little or no reading skills, and teaches simple parenting concepts. Toy-making is fun and holds interest. In practice, Star Parenting can be used for any ethnic or socioeconomic group, as a first-time parenting class, or as a prerequisite to other parenting programs. It can be adapted for family therapy.

Family Support Services

Evaluation of the Early Intervention System Project with Emphasis on the Grandparent Support Model

Richard Lambert, Sandra Owen, Deborah Hillman, Robert L. Lawrence

Presenters: Richard Lambert, Sandra Owen

The Early Intervention System Project (EIS) within the Head Start program of Dekalb County, Georgia has attempted to positively influence families by including grandparents. Perceived as "safety nets" for families in crisis, grandparents repeatedly take on the role of parent, yet infrequently seek legal custody. By accepting the responsibility of raising relatives' children, grandparents confront bureaucratic barriers ranging from school enrollment to child support and health insurance coverage.

The "Grandparent Support Model" broadens the Head Start/school-based constituency to include grandparents serving as parents (usually within families in crisis) and promotes a holistic parenting approach by assisting these grandparents. Major components of the model include (1) community support promoting agency coordination and accessibility of resources/services; (2) psychosocial support through ongoing counseling groups promoting self-efficacy and coping skills for grandparents serving as parents; and (3) school-based support strengthening teacher awareness of resources/services and knowledge about strategies for encouraging effective grandparent/child educational interactions. Effective communication among these three components assists in connecting individual need with resources.

The EIS Project set forth four broad goals. The first goal was to implement the High Scope curriculum. It was implemented in an attempt to add a self-esteem building component into the classroom as a way of helping the children become more drug resistant later in life. The High Scope assessment tool, the COR, was utilized in every classroom throughout 1992.

The second goal was to create a grandparent support program. When mandated by the Head Start Bureau to investigate special issues facing families within the project area, the problems facing grandparents serving as parents immediately surfaced. Grandparents face economic, physical, emotional, and psychological problems when thrust into the role of "surrogate" parents. These problems are magnified when the biological parent is "inactive" because of substance abuse-related problems. The EIS Project Director and the ARMAC (Atlanta Religious Mobilization against Crime) Director worked together to carve out an internship program that coupled the Head Start and religious arms of Project Connect, the target cities project. It was decided that ministers and lay people would be recruited to work with the project. Activities included support group sessions, home visits, individual conferences, field trips, and resource identification. Group activities included both serious and fun subject matter. Grandparents were recruited by interns through collaborative efforts with Head Start staff and through self-identification.

The third goal was to raise awareness about drug and alcohol issues among parents and staff. Several training conferences were held for teachers, staff, and parents of Head Start children. The largest of these efforts reached over 200 Head Start employees. Both parents and teachers were surveyed throughout the project in an effort to obtain baseline data on their current status in the following areas: (1) knowledge and attitudes regarding drug and alcohol issues; (2) child development knowledge; and (3) efficacy in working with children.

The fourth goal was to impact referrals to and from Head Start. The specific mechanisms for the referral component of the program are still under development, and data as to the number and nature of referrals are currently being collected.

Family Support Services

Preventing Conduct Disorders in Head Start Children: "Getting Started"

Carolyn Webster-Stratton

Presenters: Carolyn Webster-Stratton, Lois Hancock

The incidence of conduct problems in young children is increasing. Research has indicated that the emergence of "early-onset" conduct disorders in young children is related to the most severe prognosis for adolescents in terms of high rates of juvenile delinquency, drug abuse, depression, and school dropout. Clearly, intervention during the preschool years is particularly strategic, for successful early intervention may be able to stop children's aggressive interactions before they result in peer rejection and well-established negative reputations, both of which tend to perpetuate conduct disorders. Research has suggested that children at particular risk for conduct disorders are characterized as coming from low-income, highly stressed, and single-parent families, and families where there is considerable marital discord and depression. In particular, children in Head Start may be perceived as "at risk" for developing conduct disorders because of the increased number of these child and/or family risk factors in this population.

The purpose of this research project was to develop, evaluate, and improve cost-effective, widely applicable, and sustaining early-prevention programs for families whose children are at high risk for developing conduct disorders (CD). The current study evaluated the effectiveness of using a comprehensive videotape training program as a prevention program for Head Start families and teachers with the goals of reducing conduct problems, improving children's social competence, and promoting positive parent-teacher-child interactions and discipline approaches. Six Head Start centers (400 parents) were randomly assigned to either the parent-teacher-family service worker videotape intervention (PARTNERS) or to their regular Head Start program. The children, parents, and teachers from the experimental and control schools were assessed preintervention and postintervention; one year later the children would be assessed in kindergarten.

Preliminary data analysis with the pilot group of 12 families who participated in the parent intervention program suggests promising results in regard to strengthening mothers' parenting skills and reducing child misbehaviors. Mother data indicated a significant drop in their reported use of violent discipline strategies, such as slaps, yells, and spanks, and a significant increase in their use of rewards and praise from pre- to postintervention assessments. They also reported a significant decrease in depressive symptoms on the CES-D Depression Scale. Home observations of mother-child interactions, collected by independent observers, corroborated the self-report data. Results indicated a significant ($p < .05$) increase in mothers' use of praise with their children and a significant drop in their use of critical statements and physically negative strategies. Moreover, the children showed a significant drop (more than 50% decrease) in child-deviant behaviors and noncompliant behaviors. Consumer satisfaction was very high with praise and rewards perceived as the most useful parent strategy learned (for 82% of group), followed by time out (53%). The format of the videotape intervention can significantly expand the ability of professionals and paraprofessionals to care for the increasing numbers of families with — and at risk for — children with conduct problems.

Family Support Services

The Effectiveness of Parent-Child Interaction Therapy Conducted in a Head Start Workshop: A Pilot

Kimberly J. Lipson, Toni Hembree Eisenstadt, Paul J. Frick, Robert D. Lyman

Presenter: Kimberly J. Lipson

A 2-day parenting workshop was presented to Tuscaloosa County, Alabama Head Start parents as a pilot to a controlled outcome evaluation being conducted at the time. The model used was Parent-Child Interaction Therapy (PCIT). PCIT has the goal of breaking negative interaction cycles by teaching parents skills in positive parent-child interactions and effective command-giving and discipline, thus creating or strengthening positive relationships.

Didactic presentations, videotapes, modeling, role plays, and direct coaching of parents and children together were used. Parents were asked to practice the skills at home 10 minutes daily. Head Start families were randomly selected and recruited; 11 families participated. Subjects included dyads composed of Head Start children and their primary caregivers; dyads were randomly assigned to treatment or control conditions. Dyads received pretesting, immediate posttesting, and 2-week follow-up evaluations using the Harter Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (Harter), the Eyberg Child Behavior Inventory (ECBI), the Index of Parental Attitudes (IPA), the Parenting Skills Survey (PSS), the Peabody Picture Vocabulary Test-Revised (PPVT-R), the Wechsler Adult Intelligence Scale-Revised (WAIS-R), Vocabulary and Block Design subtests, and the Dyadic Parent-Child Interaction Coding System (DPICS).

Results as measured by the ECBI suggest that the intensity of child behavior problems from pretreatment to 2-week follow-up decreased at a higher rate for treatment than for control dyads, and treatment caregivers indicated more positive attitudes toward their children than did control caregivers at 2-week follow-up (IPA). The Harter demonstrated minimal change for children from pretreatment to 2-week follow-up; it may be that the Harter reflects more longstanding self-esteem attitudes in children, which may not reflect change in 2 weeks. Knowledge of discipline and positive interaction skills increased at immediate posttesting and was maintained at 2-week follow-up for treatment caregivers relative to control caregivers (PSS).

Results on the DPICS, an observational measure of parent-child interactions, indicate substantial improvements for treatment relative to control caregivers in praising, describing their child's play, and reflecting their child's verbalizations. These improvements in skills peaked at immediate posttesting and declined somewhat at 2-week follow-up, though treatment caregivers maintained a higher level of praise than did control caregivers. Overall, knowledge appeared to have greater retention than skill usage, suggesting that while parents may have grasped the larger concepts, the details involved in mastering the individual skills of PCIT were more difficult to retain.

Measures taken on the Workshop Attitude Inventory from treatment caregivers at posttesting and follow-up indicate a fairly high level of consumer satisfaction, suggesting that the materials and modes of presentation were effective in gaining interest. Since individuals are more likely to retain and use information they find interesting and helpful, this may contribute to greater gains in outcome and may help explain some of the general improvements noted. Additionally, all caregivers indicated they would recommend the workshop to other parents.

Health and Nutrition

Nutrition and Behavioral Style in Preschool-Aged Children *John Worobey, Harriet S. Nagel*

Presenters: John Worobey, Harriet S. Nagel

Basic research in identifying the dimensions that constitute individual differences, as well as in linking temperament to constructs such as attachment and cognition, has shown that activity and emotionality, for instance, are important in understanding early development. Relative to the increased attention paid to constitutional factors such as temperament in explaining early behavior, comparatively little research has focused on the biochemical or physiological factors that may impact on child development. One notable exception, however, is in the area of nutrition. Extensive work has shown that malnutrition may impair cognitive performance, or that food additives may not be to blame for hyperactivity. In the present studies, dietary habits of normal, preschool-aged children were assessed by maternal report, and their level of adequacy was related to dimensions of temperamental behaviors.

In Study 1, the mothers of one hundred 3 year olds from local communities were surveyed regarding the dietary intake of their children. Using Fomon's screening questionnaire, they were asked to report on the eating and drinking habits of their children with respect to milk, ice cream, cheese, eggs, legumes, peanut butter, meats, breads/pasta, cereal, fruits/juices, potatoes, and other vegetables. Information was also obtained on the children's behavioral style, using Windle and Lerner's temperament survey. In Study 2, 90 mothers of 4 year olds enrolled in a university-based preschool were surveyed, again using the Fomon questionnaire. However, temperament was determined using the child temperament inventory developed by Rowe and Plomin, since it includes a reaction-to-food dimension. In Study 3, 43 mothers of 5 year olds enrolled in local Head Start programs were surveyed using the same instruments chosen for Study 2.

Results for the children of Studies 1 and 2 indicated little measurable impact of appetite, variety of foods eaten, and the use of whole milk or vitamins on temperamental behavior for the groups as a whole. However, for 3-year-old girls, eating a greater variety of foods was related to higher activity and lower task orientation in addition to its positive association with appetite. For 4-year-old boys, appetite was positively associated with activity level. Boys and girls were remarkably similar in their dietary experiences and temperamental profiles. A comparison across these no-school and preschool samples suggested that mothers were less likely to make whole milk available as their children got older and that their children's use of vitamin supplements increased with age. Maternal estimates of their children's appetites showed the majority of mothers rating them as good or better.

For the Head Start children of Study 3, appetite ratings were consistent with variety of foods eaten, positively correlated with shyness, and inversely associated with food reactivity. Boys and girls were alike in terms of dietary history and temperament variables. The Head Start children were similar to the 3 and 4 year olds in appetite and dietary variety. Relative to the younger children, however, they were more likely to be drinking whole milk and less likely to be receiving vitamin supplements.

Health and Nutrition

Jump Start: A Program to Prevent Obesity and Reduce Other CVD Risk Factors

Aviva Must, Hollande Blake, Jean Wiecha, Joyce Bishop, William Dietz

Presenter: Aviva Must

Jump Start is a low-cost nutrition and physical activity program designed to reduce the risk of obesity and other cardiovascular risk factors in Head Start children and their families. Now in its third pilot year in Cambridge, Massachusetts, the ultimate goal is to expand Jump Start to all Head Start programs. The four main components of Jump Start are (1) regular classroom fitness activities; (2) modification of Head Start meals; (3) parent involvement; and (4) staff involvement.

An activity program was instituted in four classrooms for 30 minutes, 2 times/week. The program emphasized dance and dramatic expression through breathing exercises, rhythmic activities, and sharing. At a field day in 1991, it was determined that preschoolers were capable of running one lap of an indoor track (one-eighth mile). Fall and spring one-eighth mile run times were used to evaluate the fitness program ($n = 90$). A significant improvement was observed among children in the fitness activity classrooms ($p = 0.0006$) compared to nonparticipating classrooms. Because all Head Start children have 45 minutes of physical activity daily, the Jump Start activity program may be effective in improving fitness. Field days have also served to motivate children, teachers, and parent volunteers.

An optional fitness activity for staff was held during Head Start working hours for 1 hour each week. Due to varying degrees of fitness among staff, the program alternated between stretch-and-tone and low/medium impact aerobics. In an attempt to improve attendance, performance incentives, better scheduling, and a more suitable location will be offered.

Children consume up to 70% of their daily energy intake at Head Start. Thus, changes in fat content, saturated/unsaturated fat composition, and sodium content could substantially reduce several cardiovascular risk factors. Crude nutrient analysis of three meals indicated that meals had up to 40% of calories from fat. Short surveys used to assess teacher attitudes and practices about diet and food distribution in the classroom suggested critical misconceptions about the role of fat in the diet and the causes of obesity. Content and distribution of food represent targets for change.

To determine dietary quality and food consumption patterns among Head Start children, parents ($n = 32$) completed a semiquantitative food frequency questionnaire. Although developed for low-literacy populations, some parents experienced difficulty completing it correctly. Analysis of the 25 "valid" parent reports of their child's usual dietary habits indicated that intakes of sweets and fats each averaged 3 servings/day and ranged widely from 0 to 9 servings. Eighty-six percent of the children were reported to drink whole milk at home.

With a grant from the Department of Health and Human Services, the parent involvement component of Jump Start will be implemented. Alternative approaches to program replication, including creation of a written program manual and video training, will be tested. In its final form, the Jump Start program will offer Head Start programs a low-cost program that includes video training in a fitness activity for children, strategies for improvement in food service, an activities manual for parent involvement, a staff fitness program, and classroom nutrition education.

Health and Nutrition

A Simultaneous Technique for Acuity and Readiness Testing (START)

Raymond Sturner, Sandra Funk, James Green

Presenters: Raymond Sturner, James H. Heller

Vision acuity and developmental screening are Head Start requirements. Standard preschool vision-screening procedures have been modified so that information can be obtained about children's understanding of vision-testing materials and behavioral responses can be systematically recorded. Contingencies built into the test allow for flexibility both in the eventual choice of vision-testing materials (letter chart, E chart, picture cards) and in the number of items administered that may be difficult for an individual child. It was hypothesized that the modified procedure would result in enhanced testability and yield clinically useful developmental data.

Two hundred sixteen Head Start children (aged 3 to 5 years) received a modified test called Simultaneous Technique for Acuity and Readiness Testing (START), as well as the protocol of the Society to Prevent Blindness. A sample ($N = 72$) received testing by a pediatric ophthalmologist. Results that favored START included enhanced cost effectiveness (whole test takes 8 minutes and yields one half of the untestable rate) without even considering the developmental data obtained. Furthermore, the START method avoids compromise in precision of acuity measure (i.e., cruder picture-type targets for all children and use of related targets) typically made for preschool children to enhance testability. This may explain why the START test failed some children who passed the pediatric ophthalmologist's Allen card screen but were found to have mild acuity problems requiring treatment when subjected to complete ophthalmologic examination.

Concurrent validity of START for developmental outcomes was assessed in three countywide prekindergarten cohorts, ($N = 1{,}167$) with diagnostic testing on stratified samples (approximately 115/cohort). Lay testers attained and maintained a reliability of at least .90 with procedures. Replication of first cohort results with McCarthy as criterion yielded indices of Sensitivity .84; Specificity .99; Predictive Value .81; Overreferral 1.0; Underreferral 1.0; and Percent Agreement 98. When the Stanford-Binet was used as outcome criterion in the third cohort, predictive indices were Sensitivity .94; Specificity .84; Predictive Value .23; Underreferral 9.3; Overreferral 15; Percent Agreement 85. Most of the overreferrals for the Stanford-Binet were in the clinically important borderline category. Follow-up data through the second grade were obtained including standardized achievement test results, pass/fail history, and special class placement. START correlated (.41 to .64) with standardized achievement test results nearly as highly as the McCarthy GCI (.53 to .70) and was as sensitive as the McCarthy (.59 vs. .60). In a different cohort followed to first grade, START was more highly correlated (.50-.58 vs. .35-.37) and more sensitive (.88 vs. .13) than the Stanford-Binet. This developmentally oriented vision acuity screening procedure shows advantages over both standard vision- and developmental-screening procedures while reducing the personnel requirements for testing of both.

Health and Nutrition

Communication Screening System (CSS): Preliminary Validation of a Potential Replacement for Independent Screens for Speech, Language, and Hearing

Raymond Sturner, James H. Heller, Sandra Funk, Michael Feezor, Thomas Layton, Donell Lewis
Presenter: Raymond Sturner

Hearing, speech, and language screenings are procedures recommended for use in Head Start programs. The pure-tone audiometry screening in current use for preschoolers has limitations, including low testability with the youngest children, insensitivity to middle-ear problems, ambient noise interference, and limited ability to predict responsiveness to spoken words. A review of speech and language screening tests revealed limitations regarding adequacy of psychometric data, indices of prediction, and time requirements for professional testers.

A prototype interactive computer system, the Communication Screening System (CSS), was designed to simultaneously screen for speech, language, and hearing problems using spoken-word stimuli. Items for the CSS were selected through a series of studies to establish (1) the potential of a sentence repetition paradigm for preschool speech and language screening ($N = 727$) to result in superior predictive indices to any existing screening procedures or comparison screens; (2) the vocabulary level of words potentially sensitive to hearing loss ($N = 118$); and (3) the performance/intensity curves of speech stimuli (with and without maskers) to define the point just prior to when normal subjects ($N = 243$) begin to deteriorate in performance. The resulting test system utilized a computer to manage generation of high resolution (VGA) video images and controlled the generation of high-quality (digitized) audio stimuli (words and sentences with babble or multispeaker noise background). The child interacted with the computer via touch screen and repeated audio input, which the examiner scored via a separate mouse-driven console.

These stimuli were presented via interactive computer to 246 children (ages 3 to 5 1/2 except twenty-one 5 1/2- to 12-year-old subjects with unusual hearing or language impairments) who were classified as only hearing impaired ($N = 34$), language impaired ($N = 44$), articulation impaired ($N = 41$), or without any impairment ($N = 127$), based on a battery of diagnostic tests for each condition. In order to obtain a preliminary estimate of the predictive utility of the CSS test items, the large-item pool was first reduced by identifying items significant at the univariate level and creating summary variables (e.g., sum of significant phonemes for hearing and percentage of correct morphemes in sentences for language). A series of discriminate function (stepwise and backward elimination) analyses were performed on these summary variables.

The resulting predictive indices indicated that the CSS has potential utility as a very efficient screen for hearing, speech, and language in preschool children. In addition, use of a babble masker allowed for presentation of suprathreshold signals obviating much of the ambient noise problem typical of hearing screening settings. However, particularly in view of the large number of items explored, further validation studies are needed in large-scale normative populations to replicate these findings with a set cut score.

Health and Nutrition

Effects of Poor Nutrition on Development in Early Childhood *Marian Sigman, Charlotte Neumann, Michael Espinosa*

Presenter: Michael Espinosa

This presentation reviewed the findings of a large-scale study of the effects of undernutrition and home stimulation on the development of children aged 18 to 30 months. The focus was on children growing up in rural Kenya, but corroborating results from Egypt and Mexico were also addressed.

The purpose of the study was to determine the extent to which mild malnutrition compromised the development of children. Food intake was observed and measured in the family compound for 2 days a months for a year-long period. Social interactions between the toddlers and all other individuals were observed every other month for 2 hours. Height and weight were measured monthly, and illness was recorded on a weekly basis. Play and verbal skills were observed during the bimonthly home observations, and cognitive abilities were measured with a form of the Bayley Scales, adapted to fit the local culture.

The results showed that, similar to children growing up in industrialized countries, Kenyan toddlers who were talked to and socially interacted with more often were more playful and verbal at 30 months of age. Sibling interactions were just as important as maternal interactions in this regard. Toddlers who were carried a great deal were less able. Better-fed toddlers were more exploratory and cognitively able, and the quality of diet was predictive of cognitive abilities at age 5. Girls who suffered more illness developed less well cognitively and physically, and the contribution of illness was independent of the contribution of diet quality to development. These effects were also independent of social class and family educational level, which were also relevant to development.

Because there was a drought and 4-month period of food shortage, the effects of an unpredicted, temporary change in food availability were investigated. Toddlers were protected in that their food intakes did not decline, and their siblings made up for the decrease in maternal caretaking that resulted from mothers spending more time locating food for their families. The school-age siblings were more severely deprived by the food shortage in that their food intake declined, their family responsibilities increased, and their playground activity and classroom attention suffered.

This is the first set of studies that have been able to show the deleterious effects of mild malnutrition and temporary food shortages on children's development. The presentation included reference to parallel findings from collaborative projects using similar methods carried out in Egypt and Mexico. These findings are also relevant to the development of children in industrialized countries who suffer from compromised food quality and temporary periods of hunger. Intervention and educational programs must ensure that child participants are well-nourished enough to be able to learn from their environments.

Health and Nutrition

Health Needs Assessment for Maine's Head Start Program *Anne B. Keith, Cheryl A. Leeman*

Presenter: Anne B. Keith

The University of Southern Maine and the State Office of Head Start collaborated on the first state-wide Health Needs Assessment. The goal was to promote Head Start's capacity to serve low-income children and their families by working with the 13 Head Start programs to identify unmet health needs, summarize policy and program options, and inform Head Start directors and state health leaders. Methodology included interviews with the 13 health coordinators as key informants, data collection on health care needs on a 12% sample of enrollees ($N = 290$), use of written surveys, and site visits to Head Start programs. The study focused on three questions.

What are the priorities for health education and prevention activities at Head Start sites? Findings and policy implications were identified for health education of children and families; safe environment at center and in transit; personal hygiene, illness and psychosocial issues in the classroom; health screening and health care in collaboration with local providers; resolving conflicting local, state, and federal requirements; more consistent quality improvement; and family health advocacy.

What are the major unmet health care needs of the enrollees? Of the 290 enrollees reviewed, 209 (72.1%) had one or more health problems requiring care or follow-up, not including immunizations. There were 121 (41.4%) children with two or more problems and 58 (20%) with three or more problems.

What are the manpower needs for the health coordinator (HC) role? The 13 health coordinators came from varied educational backgrounds and had differing in-service and career education needs. Three had 9 to 10 years of experience in their positions; five had 3 to 5 years; and four had less than 1 year. Two had high school diplomas; two had associate degrees (concentrations in liberal studies and human services); one had an LPN certificate; one had a RN diploma; one had a BSN (RN); one had an MS (community health nursing); one had a BA (social work) and an MA (divinity); one had a BA (counseling); one a BA (biology) and an LSW (license in social work); one had a BS (education) and an LSW; and one had a BS and an MS (human services). Most of the HCs have long-range career goals that require education.

These findings have important implications for adequate staffing of the health program; better training of classroom and family service staff; ensuring health coverage for 100% of the children/families; adequate budgeting by Head Start for uncovered services needed by children; expansion to meet the needs of other low-income children ages 0 to 5, siblings not in Head Start, and parents; resource development in the community; community action on family violence, fluoridation, and similar problems requiring political action; collaboration among state and local agencies serving families; and better collection and analysis of health data by Head Start for use in planning and in monitoring outcomes.

This study was significant because Head Start, as a federally funded program, is often not coordinated as effectively as possible with state and local resources, and it is not yet funded to serve all the eligible children and families in Maine.

Health and Nutrition

Mealtimes in Head Start Classrooms *Linda R. Cote*

Presenter: Linda R. Cote

Mealtime is a classroom setting that has long been overlooked by both practitioners and researchers as having academic or social benefits for children. When asked about mealtime, teachers of preschool children emphasize the importance of ensuring that children consume well-balanced meals. Given that children in Head Start classrooms may spend as much as one third of their day in mealtime, it is important to investigate other benefits that mealtime may be providing, often without the teachers' awareness.

This study investigated several common classroom settings (i.e., mealtime, circle time, bookreading, free play) and the benefits each of these provided for children's academic (measured by children's use and exposure to novel vocabulary) and social (measured by children's use and exposure to polite terms) development. The subjects in this study were 23 teachers and twenty-nine 4-year-old children enrolled in Head Start classrooms in eastern Massachusetts.

The findings of this study indicated that children used as many words and novel (i.e., infrequently occurring) words during mealtime as they did during free play and circle time. In contrast, teachers used both significantly more words overall and more novel words during free play and circle time than during mealtime. Both children and teachers used significantly more novel and total words during mealtime than during bookreading. These findings suggest that classroom settings such as mealtime, during which teachers engage in more interactive (rather than one-way) discussions, may facilitate children's speech and use of novel vocabulary words. The findings of this study indicated that children used significantly more polite terms during mealtime than during any other classroom setting, while teachers used significantly more polite terms during mealtime than during free play and bookreading. Mealtime provided an opportunity for teachers to teach, and children to learn, manners. There were no significant differences between mealtime and circle time in teachers' use of polite terms.

Analysis of classroom transcripts suggests that the function of polite terms during these two settings may differ, with the primary function of polite terms during mealtime being to socialize children and to encourage them to use manners. Polite terms seemed to be used during circle time primarily in response to discipline situations.

The results of this study suggest that children's use of novel vocabulary and use and exposure to polite terms seems to occur naturally in classrooms during mealtime. Future studies might attempt to delineate the aspects of mealtime that seem to encourage children's academic growth and socialization, even without being part of the teacher's agenda.

Health Issues

Are Caregivers and Physicians Ready for Pediatric AIDS? *Peggy O. Jessee, Deborah Poteet-Johnson, M. Christine Nagy, Cathy L. Gresham*
Presenter: Peggy O. Jessee

The number of HIV-infected preschool children is increasing, and, due to medical advances in treatment, the children are living longer. Typically, federally funded child care programs would be called upon to provide developmental and educational opportunities for AIDS-infected children from low-socioeconomic groups. This project was developed to evaluate AIDS knowledge among administrators and teachers of community-based, licensed Head Start and day care centers and to identify specific health care practices that may be of concern when working with AIDS-infected children.

Data were collected through a 4-part survey consisting of a knowledge scale, an attitudinal scale, a fears scale, and a health care practices checklist. The results indicated that there were gaps in pertinent areas of knowledge concerning nonproven methods of AIDS transmission. Even though the knowledge scores on proven methods of transmission were relatively high, there were fears and reservations among the respondents about having young children with AIDS in their classrooms. Health care practices in the centers were adequate, with the exception of the use of gloves in diapering and cleaning of body fluids.

Since physician documentation may be required for a child to attend these group programs, it was also considered important to determine attitudes and educational preparedness of physicians in regard to pediatric AIDS. A subsequent project was designed to survey a cross-section of residents ($n = 3{,}262$) in pediatrics, internal medicine, and family medicine training programs across the U.S. to identify their educational preparedness to provide AIDS care and their AIDS-related experiences and attitudes.

The sampling design included programs from 10 states, located in the four regions of the country in communities of varying sizes and in areas with varying prevalence of AIDS. A 4-part questionnaire mailed to residents with a reminder postcard 3 weeks later resulted in a response rate of 24%. Respondents were predominantly white (76%), male (55%) and were completing the third year (94%) of their training at a university-affiliated program (87%) in internal medicine (44%), pediatrics (34%), or family medicine (21%). Of the 757 respondents, 98% had treated HIV/AIDS-infected patients during the past year, and 50% were currently following HIV/AIDS patients. This 50% included 62% of the internists, 60% of the family practitioners, and 29% of the pediatricians. Residents were asked to use a 7-point Likert scale to rate their educational preparation in nine areas of providing AIDS primary care to pediatric, adolescent, and/or adult patients. Ratings were categorized as "low, average, and high." Significantly more pediatricians than family practitioners rated their overall level of competency to provide AIDS primary care to pediatric patients as average (62% vs. 43%) or high (30% vs. 12%) ($p < .001$). Significantly more internists than family practitioners rated their overall competency to provide primary care to adult patients as average (31% vs. 46%) or high (68% vs. 46%) ($p < .001$).

This presentation examined the specific areas of patient care and residents' perceptions of their educational preparation to provide such care. Their practices of universal precautions with patients of all ages were addressed. By fostering collaborative, community-wide efforts to meet HIV-infected children's needs, ensuring approaches to caregiving that are family-centered, and planning medical education experiences that broaden physicians' scope, it is hoped that appropriate services can be designed to reach children, the most vulnerable victims of this disease.

Health Issues

Cytomegalovirus: Its Effects in Congenital Deafness *Cruz A. Cancel*

Presenter: Cruz A. Cancel

Cytomegalovirus (CMV), a virus of the Herpes family, can produce world-wide perinatal infection. This virus occurs in up to 1% of all live births in the U.S. Although congenital deafness occurs in 5% to 15% of these infants, the hearing loss is not easily detected at birth nor shortly thereafter, because they are born asymptomatic. There is a high mortality rate (30%). Ninety percent of the survivors may also have permanent disabilities, such as neuromuscular disorders. The most severely affected may have mental retardation.

Infants in need of organ transplants are at great risk. The CMV infection causes severe problems to organ transplant recipients, whether they are children or adults. It produces nonbacterial pulmonary infection (interstitial pneumonia) in post-bone marrow transplants, gastric ulcerations, duodenitis, and esophagitis. The infection also can affect the arterial walls. The CMV infection is one of the most common opportunistic agents that affects patients with the acquired immunodeficiency syndrome (AIDS). Among this population, CMV can cause gastrointestinal infection, pneumonia, and chorioretinitis (an ocular condition that causes blindness and shortens life span).

There are several recognized means of transmission of CMV. Crowded conditions, which facilitate contact with the virus through the saliva and the urine of the infected cases, are the most common means. Heterosexual contact, blood transfusions from CMV-infected donors, and breastfeeding by an infected mother to her child are other routes of transmission.

Prevention of CMV infection has been one of the greatest concerns among health workers in hospitals and day care centers in the United States. The shedding of the virus by CMV-infected infants in urine and saliva from 1 month of age was considered an occupational hazard for health workers. This led to several studies at day care centers and pediatric wards in the U.S. to find some means of prevention. The results revealed that with proper care, washing the hands after handling the child was the best means of prevention by health workers and mothers and siblings of children attending the day care centers.

Identification of pregnant women with CMV may become important in reducing damage to the fetus. A combination of amniocentesis and fetal blood sampling may be used to diagnose CMV as an intrauterine infection. Treating the mother may benefit the children of 30% to 40% of pregnant women with primary cytomegalovirus infection who may transmit the virus as an intrauterine infection to their fetuses. Researchers have already performed *in utero* treatments to fetuses infected with toxoplasmosis (another infection transmitted *in utero*) and significantly improved the prognosis of some of the cases.

As a future direction, in Puerto Rico, where CMV has not been studied, a research project is planned to be carried out at the University Hospital, Pediatric Ward, AIDS Unit. The major aim of this project is to design a model program that will: (1) screen pregnant mothers for CMV; (2) screen blood donors for CMV; (3) detect congenital deafness in newborns; (4) design a language-stimulation program through total communication for deaf children affected by CMV; (5) design a health care program for CMV-infected children, including cochlear transplants, if necessary; and (6) provide opportunities for the development of research projects.

Health Issues

A Model Program for Family-Centered, Multidisciplinary Health Care for Preschool Children with Insulin-Dependent Diabetes Mellitus

Barbara J. Anderson, Lori Laffel, Anna Bertorelli
Presenter: Barbara J. Anderson

Successful treatment of insulin-dependent diabetes mellitus (IDDM) in children requires implementation of a complex therapeutic regimen involving multiple daily insulin injections, a complex meal plan, frequent monitoring of blood sugar levels, and an exercise program that is therapeutic, not recreational. IDDM is frequently singled out from among the spectrum of chronic childhood diseases for its demands for self-care and family responsibility for complex disease management.

When a child is diagnosed with IDDM during the first 5 years of life, the parent(s) or caregiver(s) becomes the real "patient." The potential is high for parents of young children with diabetes to become very weary, fatigued, and "burned out" due to constant monitoring and no breaks. Moreover, there are few resources in our current pediatric systems specific for families of preschool children with IDDM.

The goal of the Preschool Model Program is to provide quality, comprehensive medical care, while preventing the "predictable" complications of preschool diabetes — parental isolation and desperation and serious hypoglycemia in young children. In addition, the program promotes a positive medical encounter for the young child, to launch him or her into a constructive, life-long relationship with the medical community.

The Preschool Model Program is a monthly ambulatory care program with four tiers of intervention. (1) Individual Medical Appointment: The child comes with parents (grandparents, siblings, support people for single parents) either to see the diabetes teaching nurse or the pediatric endocrinologist. (2) Parent Group Session: Parents (or other adult support) meet for an hour in a group led by a health care team consisting of a child psychologist, a pediatric nutritionist, and a pediatric endocrinologist. (3) Child Group Session: Children interact for an hour under the supervision of a staff of teenagers and an experienced early childhood educator, who also have diabetes. (4) Specialty Medical Appointments for Parents or Child: Parents may also schedule an individual appointment with the exercise physiologist, a member of the mental health staff, a nutritionist, or an eye doctor.

During the program's first 24 months, 208 families from New England attended for a total of 520 patient visits; 46% of the families had multiple visits. Families represented all socioeconomic levels and types of family structure. Children ranged in age from 18 months to 8 years (median 5 years) and had had diabetes from a period ranging from 1 month to 6 years.

This presentation focused on the needs assessment of the 208 families participating in the first 24 months of the program. Parents identified their three most significant current needs as (1) how to cope with collisions between diabetes treatment and normal preschool behavior; (2) how to differentiate symptoms of low blood sugar from young children's normal behavior and mood swings; and (3) how to cope with increased stress on family relationships. Parents' most significant future concerns included (1) how to make a good transition to school; (2) when and how to transfer diabetes care responsibilities to the child; and (3) how to understand the health outcomes of diabetes. Affordable, comprehensive ambulatory diabetes care for very young children can be family-centered and can provide practical parenting strategies and child care.

Health Issues

"Positive Feelings": A Support Group Model for Preadolescent Children of HIV+ Parents

Susan S. Witte, Nellie F. DeRidder

Presenters: Susan S. Witte, Nellie F. DeRidder

Entering the second decade of the AIDS crisis and witnessing the expanding face of AIDS, the social work profession faces significant challenges in expanding treatment and support services for HIV-infected individuals and their families. An area of growing concern worldwide is the response to the crises of families living with HIV infection and AIDS and the secondary crises of families who must deal with disclosure issues, including anticipatory grief and bereavement, as they make decisions for the future of their children.

As heterosexual transmission of HIV infection becomes more prevalent, women of childbearing age are among the fastest growing population of HIV-infected individuals. Many of these women have already lost their partners to AIDS or are single parents. Most are from minority communities, which traditionally have experienced social, economic, and political disenfranchisement. By the end of the decade, there will be approximately 72,000 motherless children because of AIDS nationwide, according to Navarro's Orphan Project. In New York City alone, the Health Department forecasts that 20,000 children will lose their mothers to AIDS by the end of 1993 and that over the next few years, a minimum of 60,000 to 70,000 children will lose at least one parent to AIDS. Ongoing concerns expressed by parents who are HIV+ focus on how and when to disclose to their children, what effects disclosure will have on their children, and what type of support children will have to rely on as they deal with the difficult issues often presented by disclosure of HIV status.

A recent study confirms that there is an urgent need for support groups to help families deal with HIV/AIDS and to create a stable home for children. This project described a 12-month exploratory descriptive study of a group work model. The model was developed for support of preadolescent children living with an HIV+ parent. The model utilized a multimethod approach, relying on mutual aid processes for the development of ongoing peer support. Findings indicated that children of HIV+ parents improved communication skills, increased their knowledge level of HIV/AIDS issues and their feelings surrounding these issues, identified coping skills, and relied on peer support for normalization and validation of fears and concerns. HIV+ parents were empowered to disclose to their children and to develop effective strategies for living with HIV/AIDS.

Health Issues

Effects of Head Start on Parents of Children with Lead Poisoning

Barbara J. Howard, Evan Charney
Presenter: Barbara J. Howard

Although Head Start has been found to improve children's ultimate educational attainment, ability to utilize the regular classroom, and social skills, the mechanisms of these lasting benefits remain unclear. Parents have been shown to acquire more positive attitudes towards academics during their child's Head Start participation, but studies of potentially mediating parenting behaviors have been few. Children with lead poisoning have been shown to receive suboptimal parenting, even when compared to families of similar socioeconomic class.

This project attempted to improve the outcome of low-income black children 30 to 54 months old with class II/III lead poisoning (25-50 ug/dl) and their mothers through a combined program of a small-group Head Start class for 5 1/2 days per week and parenting/nutrition sessions for the mothers. Thirty-six children attended this special program; 31 controls attended regular Head Start with no parent groups. After one year, there were no between-group differences. However, both groups had significant verbal IQ gains (3.3) and improved HOME environment scores (4.0). Changes in HOME scores correlated with child Head Start attendance ($r = .80$, $p = .02$) but not parent group attendance ($p = .20$), with subscales showing significant correlation of attendance with improvements in modelling and encouragement of social maturity ($p = .016$), stimulation of academic behavior ($p = .007$), and pride, affection, and warmth ($p = .044$).

Improvements in modelling by parents correlated with improvements in McCarthy verbal, general cognitive index, and perceptual-performance subscales (all $p < .001$), memory ($p = .012$), and a trend in the quantitative subscale ($p = .058$), as well as interaction (NCATS $p < .04$). Decreases in use of physical punishment were associated with improved interaction ($p < .04$). Changes in HOME total scores and physical environment subscores correlated with improvement in parental attitude towards the child (PSI child, $p = .04$) and improvement in parental teaching style (NCATS $r = .53$, $p = .03$). Changes in PSI and NCATS were also significantly correlated ($p = .04$). Teacher-perceived behavior problems (CBCL teacher ext. T) worsened with improved HOME totals ($r = .74$, $p = .01$), a common result of day care attendance. Fewer behavior problems were associated with greater pride ($p = .009$) and pride with less life stress ($p = .02$). Greater improvements in academic stimulation on the HOME were correlated with decreases in the number of social problems ($p = .019$) and social support figures ($p = .018$), perhaps because these families were then able to give more to the child. Families with lower initial maternal IQ had larger gains in academic stimulation ($p = .005$). Families of children with lower initial McCarthy scores had greater gains in both academic stimulation and physical environment subscales (all $p < .025$), with those needing it benefitting most. Children contributed more clarity of cues in the teaching interaction with their mothers with greater Head Start attendance ($p = .027$), perhaps stimulating, or at least reinforcing, the changes in their parents.

The project concluded that regular Head Start participation has beneficial effects on parenting attitudes and behaviors in proportion to child attendance — which may explain its lasting effects.

Health Issues

Asthma Preschool Education Program *Suzanne Steinbach, Barbara F. Jacobs*
Presenters: Suzanne Steinbach, Barbara F. Jacobs

Though asthma is known to begin early in childhood, little is known about the prevalence of asthma among preschool students and its effect on absenteeism. Boston City Hospital/Boston University School of Medicine and Action for Boston Community Development Head Start collaborated to explore these issues. Routine physical examination and medical background forms indicated that 229 of 1,913 (12.97%) children enrolled in A.B.C.D. Head Start had asthma; 65.3% of the children with asthma were male. The prevalence of asthma at individual Head Start sites varied between 5% and 21%. The racial distribution of children with asthma was 48% African American, 24.9% white, 20.7% Latino, 4.7% American Indian, and 1.4% Asian, not significantly different from this Head Start population overall. The health forms indicated that children with asthma received medications with the following frequency: beta-agonist bronchodilator 40.6%, theophylline 3.5%, and cromolyn 3.1%.

Since asthma is underdiagnosed, parents at 12 centers were asked to complete a questionnaire about asthma symptoms and use of asthma medications in order to detect children with unrecognized asthma; 499 of 1,328 questionnaires were returned. The responses identified an additional 91 children as possibly having asthma who had not been detected through the standard health forms: 25% with chronic wheeze, 14.4% with cough and wheeze on exercise, 35% with nocturnal cough, and 24% receiving bronchodilator medication. Total asthma prevalence identified by parent report plus standard health form would be 16.7%.

Attendance records (September-April) were reviewed for 1,237 children. The mean number of absence days for all children enrolled at these schools was 15.3 days. For the 155 children at these schools with asthma identified by the standard health forms, mean absences were 20.9 ± 14.1 days, significantly greater than 11.74 ± 11.5 for children whose asthma was detected only by the research parent questionnaire, and greater than 14.5 ± 0.56 days for 1,082 children without asthma ($p < 0.01$). Episodic rather than regular asthma medication predicted higher absenteeism, but more severe asthma and more attacks in the last year did not. To clarify the proportion of absence days in asthmatic children accounted for by asthma, the parents of nine asthmatic children were called when the child was absent to determine the specific reason for absence; asthma symptoms accounted for 49.5% of their absence days.

A pilot program consisting of asthma education for parents and teachers and activities focusing on respiratory health and health care providers for the children was introduced at four Head Start sites. At baseline, children in program schools had slightly higher absence rates than did controls (9.71 vs. 7.96 days for asthmatic children, 6.46 vs. 4.80 days for nonasthmatic children). After introduction of the program, children in program schools had lower absence rates than controls (11.17 vs. 13.05 days for asthmatic children, 7.85 vs. 8.22 days for nonasthmatic children). Thus, the rate of increase in absence rates was dramatically lower in program schools. Two major conclusions can be drawn from this study: (1) asthma is prevalent among preschool children and contributes significantly to absenteeism; and (2) asthma-oriented health education programs can help control preschool absenteeism.

Health Issues

Respiratory Illnesses and Day Care *Alice H. Cushing, William Lambert, Betty Skipper, Jonathan Samet*
Presenter: Alice H. Cushing

Young children placed in out-of-home care and exposed to unrelated children have been found to have more respiratory infections than children not in such care. It is not known, however, whether the number of children to which a child is exposed or the duration of exposure has any effect on disease acquisition.

These questions were addressed in a cohort of normal children. The study followed 1,205 children from birth to 18 months of age. Subjects were selected from nonsmoking homes with mothers over 18 years of age who spoke English and had a telephone in the home. A further requirement was that the family did not intend to place the child in full-time day care.

Mothers were trained to keep a calendar diary of respiratory symptoms: runny or stuffy nose, trouble breathing, noisy breathing, and mother's perception of whether the baby was sick. Families were contacted every two weeks by telephone to determine the number of children who had had symptoms of respiratory illnesses, the amount of time spent in day care during the previous 2 weeks, as well as the duration of symptoms. Odds ratios of the annualized incidence of respiratory illnesses (upper, URI; lower, LRI) were determined by a general estimating equation that controlled for season, income, sex, breastfeeding, parent asthma or atopy, ethnicity, and mother's education.

Using no day care as the control, attendance in day care for 1 to 4 hours was compared to attendance for 5+ hours during the previous two weeks. Exposure of 1 to 5 or 6+ children to no day care was also compared. Additionally, children with and without older siblings were analyzed.

The incidence of URI increased significantly in all age groups exposed to 1 to 5 children for 1 to 4 hours per two week block. All LRI and wet cough-associated LRI increased significantly in children exposed to 6+ children for 1 to 4 hours or 1 to 5 children for 5+ hours. Wheeze-associated LRI increased in 0- to 6-month-old children exposed to 6+ children for 1 to 4 hours and in 13- to 18-month-old children exposed to any number of children for 5+ hours. Children with siblings were relatively more resistant to LRI than were children without siblings, irrespective of exposure. These findings suggest that children in day care would benefit from aggregation in small groups to minimize exposure to respiratory illnesses in other children.

Health Issues

Substance Abuse and Families with Young Children: Understanding the Problems, Providing Solutions

Marilee Comfort, Karol Kaltenbach, Alison Smith
Presenters: Marilee Comfort, Karol Kaltenbach, Alison Smith

Cocaine abuse by pregnant and parenting women presents a major challenge to programs providing prenatal care, substance abuse treatment, and/or early childhood intervention services. Often, maternal substance abuse is only one of multiple personal and family risk factors that may influence pregnancy outcomes and the development of mother and child. The aim of perinatal substance abuse intervention is to empower mothers to create environments that will break the intergenerational cycle of addiction and family dysfunction.

This study presented preliminary data from a longitudinal study of women enrolled in comprehensive perinatal substance abuse services. The study investigated maternal and child characteristics and outcomes of participants in residential and outpatient services from pregnancy through 1 year postpartum. Women who enrolled had to be pregnant, cocaine dependent, and 18 years of age or older. The programs provided case management, obstetrical, psychotherapeutic, parent-child, and pediatric services.

Preliminary data were available on 34 women and their newborns enrolled in the center (19 residential families, MSP, and 15 outpatient families, OPS). All women were receiving public assistance, most were African American, and the average age at delivery was 31 years. Women in residential services completed significantly more years of education than did outpatient women. There were no differences between groups in the number of previous pregnancies, number of children living apart, or number living with mothers at enrollment. Approximately 25% of the women had received prenatal care prior to entry in substance abuse treatment. During pregnancy, no differences were found between maternal service groups in self-reports of depression, locus-of-control, or social support. However, MSP mothers reported higher stress with daily concerns such as finances, housing, and children's health.

Seventy-five percent of the newborns were drug free at birth, and 80% were full term. There were no significant differences between maternal service groups in mean gestational age of infants (MSP $M = 38.1$ weeks; OPS $M = 37.5$ weeks), mean birthweights (MSP $M = 3{,}086$ grams; OPS $M = 2{,}756$ grams), or infants' mean length of stay in hospital postpartum (MSP $M = 6$ days; OPS $M = 11$ days). Comparisons of birth outcomes according to term status showed two substantial differences. The average birthweight for term infants was 3,178 grams and 1,963 grams for preterms. The mean length of stay in the hospital was far less for term ($M = 4$ days) than for preterm infants ($M = 27$ days). None of the newborns were small for gestational age.

These preliminary findings suggest the need for service providers who work with families with young children to be mindful of the positive perinatal outcomes experienced by most mothers and newborns who participate in substance abuse services. This message must be communicated to families, funding agencies, and policymakers in order to increase services, remove barriers, and provide alternative outreach strategies. This will encourage mothers to seek preventive care early in pregnancy without the stigma of being labeled inadequate caregivers or the threat of prosecution. Support for drug-dependent mothers to become drug free during pregnancy, to deliver healthy babies, and to establish positive parent-child relationships will ensure healthier development of women, children, and families.

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Health Issues

Childhood Lead Poisoning and State Medicaid Policies

Anne M. Guthrie, Molly McNulty

Presenter: Anne M. Guthrie

Childhood lead poisoning disproportionately affects low-income and minority children, particularly in urban areas. These children, who are at risk for lead poisoning's cognitive and learning effects, are served by both the Medicaid and Head Start programs. However, only a minority of states have taken advantage of potential collaboration between these two programs with closely related interests.

The Alliance to End Childhood Lead Poisoning surveyed state Medicaid agencies to determine the extent to which states are financing lead poisoning prevention and treatment services. The data were collected in the summer of 1992 and updated in January 1993. Fifty of 51 states replied to the first survey and 47 of 51 replied to the follow-up survey. Findings are fully discussed in "Making the Most of Medicaid: State Progress in Childhood Lead Poisoning Prevention," published by Alliance in 1993.

The survey documented progress among the states, with a number of states rapidly revising their policies in response to changes in policy by the Health Care Financing Administration. Generally, states were moving quickly towards requiring all children enrolled in Medicaid to be screened using the recommended blood test. State Medicaid policies were also strong with respect to treatment services. Perhaps the most disappointing finding was that just five state Medicaid programs currently cover environmental investigation to determine the source of a child's exposure. Since the most important factor in managing childhood lead poisoning is reducing the child's exposure to lead, this is a critical deficiency in Medicaid policies.

The survey found that just seven state Medicaid programs reimbursed Head Start programs for lead screening. The Alliance recommends that state Medicaid programs increase the number of Head Start and WIC providers certified as screeners, since these programs are among the most likely to identify the low-income and minority children who are at highest risk for lead poisoning before their blood lead levels cause permanent damage. The survey found that only 14 state Medicaid programs have interagency agreements dealing with childhood lead poisoning prevention. Only one state indicated that Head Start was included in such an agreement.

Head Start programs ought to be conscious of the potential for lead-based paint and other lead hazards in the facilities used to provide services to children. This is a particularly important issue for programs considering the purchase of facilities. Lead-based paint is almost certain to be present in buildings built before 1950 and is likely to be present in those built before 1980 (although some institutional and commercial facilities continued using lead-based paint well beyond that time). Head Start programs should ensure that their health components include childhood lead poisoning screening and treatment referrals consistent with current CDC guidance. In addition, Head Start programs should look for opportunities to expand lead poisoning education efforts.

State Medicaid policies ought to be linked with Head Start and other early childhood programs that can help identify and prevent lead poisoning before it is too late. In addition, Head Start programs should explore creative ways to contribute to childhood lead poisoning prevention efforts nationwide.

Health Issues

Brief Family Interventions for Head Start Children: A Focus on Family Stress, Sleep, and Child Adjustment

John E. Bates, Richard J. Viken

Presenters: John E. Bates, Richard J. Viken

A series of three studies investigated the process by which family disruption and family adaptation influence preschool adjustment in a high-risk population of Head Start children. The primary focus was the hypothesis that disordered sleep may be one pathway by which economic disadvantage, family disruption, and child management problems affect child adjustment at home and in Head Start. It was hypothesized that family problems may lead to difficulties in establishing a consistent and adequate pattern of child sleep and that inadequate, disrupted, or highly variable sleep may be associated with behavior problems in preschool. Thus, sleep disruption may affect the degree to which children benefit from the social and emotional enrichment provided by early intervention programs like Head Start. The studies combined baseline and follow-up assessments in a conventional short-term longitudinal design with brief daily home- and school-based assessments throughout the duration of the study.

In a combined analysis of 145 families of Head Start children, family disruption was found to be associated with more variable child bedtimes and sleep times, more night waking, more bedtime resistance, and less use of consistent bedtime routines. These measures of sleep disruption were associated with poorer child adjustment as reported by mother and teacher questionnaires and by trained interviewers, and with more negative and less positive daily child behavior at home and at Head Start. Although the original interest had been in total amount of sleep as a predictor of preschool adjustment, preliminary results indicated that bedtime resistance problems and variability of sleep patterns were stronger predictors of difficulties in preschool than was total amount of sleep. Nonetheless, most of the Head Start children in the studies were receiving lower-than-average amounts of sleep when compared with middle- and working-class children in previous normative studies.

A brief behavioral family intervention focused on helping parents establish consistent sleep routines for their children and reduce problems with bedtime resistance is being designed and implemented. The effectiveness of the intervention for improving child sleep patterns and adjustment to the Head Start setting will be evaluated in a controlled comparison of 15 treatment families and 15 waiting-list controls. Children will be selected on the basis of relatively poor adjustment in the Head Start classroom and family difficulties in management of their sleeping. The interventions will be educational, in that parents will be informed about sleep needs, and problem solving, in that parents and therapists will work together to overcome whatever obstacles there are to regular sleeping in individual cases.

Home-Based Interventions

Home Intervention among Children with Failure to Thrive

Maureen Black, Howard Dubowitz, Julie Berenson-Howard, Jacqueline Hutcheson
Presenter: Maureen Black

Poor growth in otherwise healthy children is widely regarded as a risk factor for subsequent health and development problems. In comparison with adequately growing peers, children with non-organic failure-to-thrive (NOFTT) often have more difficult temperaments and worse development scores. This project was designed to evaluate the effectiveness of home intervention on the growth, development, and feeding behavior of children with NOFTT.

The sample included 100 infants and toddlers from primary care clinics serving low-income, inner-city families. Eligibility criteria included weight for less than the fifth percentile (based on NCHS growth charts), age less than two years, birthweight appropriate for gestational age, gestational age greater than 36 weeks, and no congenital or chronic diseases. Most mothers were single, African-American, low-income, and poorly educated. All families received clinical intervention from a multidisciplinary, specialty clinic for children with growth problems. Using a randomized clinical trial design, children were assigned to a clinic intervention group or to a clinic plus home intervention group. The families in the clinic plus home intervention group received weekly home visits for one year by trained, lay home visitors. The home intervention was designed to provide family support and to promote parenting and child development within an ecological framework.

Prior to the intervention, there were no group differences on child or family variables. The initial evaluation was repeated after 6 months and after 12 months by evaluators who were unaware of the family's intervention status. Changes in development (measured with Bayley Scales), videotaped feeding interaction, and growth were assessed by repeated measures multivariate analyses of variance.

Twelve months after recruitment, infants with home intervention had better cognitive scores on the Bayley and less negative affect during feeding than infants who were not in the home intervention group ($p < .05$); differences did not reach significance for toddlers. Both clinic only and clinic plus home intervention groups improved significantly in growth. These findings suggested that (1) participation in a multidisciplinary specialty clinic for children with poor growth had beneficial effects on children's growth; (2) home intervention was effective in promoting cognitive development and positive parent-child interactions among infants with NOFTT, and (3) toddlers with NOFTT may require a more intensive intervention than weekly home visits to bring about changes in cognitive development and parent-child interactions.

Home-Based Interventions

Parenting and Early Development among Children of Drug-Using Women: Effects of Home Intervention

Maureen Black, Prasanna Nair, Cynthia Kight, Renee Wachtel, Maureen Schuler
Presenter: Maureen Black

High rates of drug use by women of childbearing age and the impact of prenatal drug exposure on infants' growth and development highlight the need to develop intervention strategies to promote adaptive parenting practices and child development among infants of drug-using women. This project was designed to evaluate the effectiveness of home intervention among drug-using women by examining changes in parenting and children's development. The sample included 58 women with a self-reported history of drug use who were recruited during their pregnancy. Families were retained in the program if their infants had a birthweight of greater than 2,000 grams, had no congenital abnormalities beyond those expected of a drug-exposed infant, and were discharged into the care of the biological mothers. Mothers were predominately single, African-American, multiparous, poorly educated, and from low-income families. The women were assigned to either home intervention or comparison based on a random number table. There were no group differences on family or maternal demographics, or on infant's gestational age, Apgar scores, duration of hospital stay, or neonatal abstinence score, but there was a slight difference in birthweight ($p < .06$), favoring babies in the intervention group. All children received their primary pediatric care in a specialty, multidisciplinary clinic for babies of drug-using women.

Families in the intervention group received biweekly nurse home visits from recruitment (prior to delivery) through 18 months of the baby's life. The home visiting program was organized with four objectives: the formation of a therapeutic alliance with the mother; the provision of support to the mother with attention to her personal and mental health needs; the opportunity to model and promote healthy parent-child interaction and development; and the provision of public health and child care safety information. The Hawaii Early Learning Program (HELP) was used as a curriculum guide for the parent-child interaction and development phase of the intervention. Following each contact, the nurse completed a Personal Contact Record that documented the time spent with the family and the content and quality of the visit. The nurse met with a pediatrician and psychologist for weekly review meetings to track the progress of the families and to develop alternate strategies for difficult families.

The impact of the intervention was evaluated through children's performance on standardized assessments of development, on compliance with clinic visits, on maternal functioning, and on parent-child interactions in a videotaped play session. Development status was measured with the Bayley Scales of Infant Development at 6, 12, and 18 months. At all ages mean scores were in the normal range, based on published norms. Changes in scores were assessed using multivariate analysis with birthweight as a covariate. At 6 months the intervention infants obtained higher cognitive and motor scores than did the control infants ($p < .05$), but at 12 and 18 months the differences were not significant. The women in the intervention group were more compliant with clinic visits ($p < .05$) and reported less depression ($p < .05$) and more reinforcing relationships with their babies than did the control group women ($p < .05$). The findings suggest that among drug-using women, early home intervention is effective in promoting infant development, compliance with primary care, and a positive attitude toward parenting. By toddlerhood, a more intensive intervention may be necessary to facilitate development.

Home-Based Interventions

Early Identification and Prevention of Affective Disorders in Children

France Capuano, Peter J. LaFreniere

Presenters: France Capuano, Peter J. LaFreniere

Recently, attachment researchers have introduced experimental designs involving therapeutic interventions as a means of confirming theoretical models, as well as evaluating therapeutic approaches. These studies provide experimental evidence in support of distal factors influencing quality of attachment consistent with earlier nonexperimental designs. For example, Lieberman et al. provide evidence that a 1-year program involving infant-parent therapy based on attachment theory can enhance maternal empathy and sensibility to the child's developmental needs and affective experience.

During the preschool years, other researchers have demonstrated that distress arising from dysfunctional patterns of interaction are particularly acute for mothers of preschool children evaluated as anxious-withdrawn by their teachers. The absence of contingent positive affect and behavior and an indiscriminant pattern of negativity, coupled with high levels of intrusive and controlling behavior found to characterize this group of mothers, appears to constitute a significant risk factor for the child. This transactional result supports the premise that most problems in the early years are best conceptualized as relationship problems, and its corollary, that what begins as a disorder in a relationship may become a disorder in the individual that transcends the relationship. Transactional models now need to be incorporated in the diagnosis and treatment of early childhood disorders, so that there is not sole reliance on discrete child-specific symptoms.

Based on this premise, a 6-month intervention was conducted in the home in order to alleviate cycles of conflict and negative reciprocity and to promote therapeutic change for the mother, the mother-child relationship, and, ultimately, for the child. This experimental intervention incorporated components from attachment, behaviorist, and attributional perspectives in order to (1) increase the mother's understanding of the developmental needs of her preschool-aged child; (2) promote parenting competence; (3) alleviate parenting stress; and (4) provide social support.

Twenty mothers of anxious-withdrawn children (identified on the basis of teacher ratings) and 20 matched controls participated in the study and were assessed through maternal reports of parenting stress and social support and direct observation of maternal warmth, discipline, and teaching style during a filmed problem-solving interaction with their child. Both behavioral change over time (pre/post) and comparisons with the control group were analyzed. Results indicated (1) significant gains in the number of sources of support, but no change in level of satisfaction and (2) significant reduction of parenting stress (pre/post), but no difference between the treatment and control groups. Behavioral analyses revealed significant improvement for all three measures (pre/post) and significant differences between treatment and control groups for discipline and teaching style. Convergent evidence of a more qualitative nature supports this view of the short-term efficacy of the intervention. Based upon extensive interviews with a psychologist who was not part of the intervention team, mothers reported high levels of global satisfaction (90%) with the program.

Finally, and most importantly, children showed significant improvement as assessed through both teacher and parental ratings and direct observation. As a whole, these results confirm the transactional model underlying this study and demonstrate the utility of this treatment program for the prevention of behavioral-emotional problems in children showing early symptoms in the family and preschool settings.

Home-Based Interventions

HIPPY in the Netherlands: Preparing Parents and Children for School

Paul Vedder, Lotty Eldering
Presenter: Paul Vedder

In 1987, the Dutch Ministry of Welfare decided to start a small-scale implementation of an Israeli home intervention program, called HIPPY, in the Netherlands. HIPPY has also been implemented in the U.S., in Turkey, and in many other countries. HIPPY is a 2-year program aimed at improving 4 to 6 year old children's preparation for school. The program also aims at a change of mothers' attitudes towards their children's and their own education. For example, mothers should feel that they can be effective teachers and thus become the agents of a developmentally more stimulating environment for their children. In addition, they should experience the fun and usefulness of getting more involved in community activities and courses.

In the Netherlands, HIPPY is mainly used with immigrant families. This study assessed the effects of HIPPY in 141 participating families. A quasi-experimental group design was utilized with pre- and posttesting. One hundred five children were in the control group. Experimental and control group children were matched on neighborhood, SES, ethnicity, and school variables. Children's intelligence was pre- and posttested. After finishing the program, children's language skills were measured, and teachers rated the children's class behavior. Only mothers participating in the program were interviewed before starting the program and at the end of the program. The cognitive home stimulation, educational expectations, and educational practices were also assessed. The number of weeks families participated and the number of contacts families had with paraprofessional program instructors were measured. Drop-out families were interviewed in order to explore reasons for dropout.

Generally, it was difficult to reach families. In the drop-out study, it appeared that changing family circumstances were the main reason for dropout. Still, 40% of the reasons given by mothers referred to the program. It was expected that families less acquainted with Western culture would drop out more rapidly and more frequently than Western-oriented families. Although it was difficult to reach the families characterized by a greater distance from Western lifestyle, once they participated, it appeared relatively easy to keep them in the program. The families that completed the program worked on the average during 42 of the 60 weeks of the programs.

Some small cognitive and linguistic effects with the children and also some minor effects with mothers were found. Mothers were convinced that they had become more skillful and patient educators. Currently 3,500 families participate in HIPPY. A monitoring system has been developed for studying the large-scale implementation of the program. Information from the monitoring system shows that HIPPY has changed from being just a curriculum, instruction for mothers, and some group meetings into broader community-based initiatives to improve immigrant families' educational resources. Recruitment for the program has become much easier; there is less dropout and more intensive participation.

Light Touch, Weighty Outcomes: How the Mother-Child Home Program Leads to Children's School-Related Competencies *Phyllis Levenstein*

Presenters: Phyllis Levenstein, Lorraine Hawkins

The Mother-Child Home Program (MCHP) enrolls economically at-risk 2 to 4 year olds and their mothers. In half-hour home sessions, twice a week, "Toy Demonstrators" (paid paraprofessional or volunteer home visitors) model for the parent a curriculum of playful verbal and nonverbal positive interactions around books and toys. The short-term aim is to increase parents' verbal interaction with their children. A long-range goal is to prevent children's later school problems; research has indicated that the MCHP assures school success for most of its graduates. The goal is reached by promoting mothers' verbal responsiveness with their young children.

The theory behind the MCHP (created by the Verbal Interaction Project) is that a child's intellectual development is powerfully reinforced by his or her mother's play-partnership in concept-rich verbal interaction. In addition, the child's innate drive toward mastery is fostered by challenges in the form of attractive toys and books. This problem solving, accompanied by mother-child conversation, leads to feelings of competence vital to mastering more sophisticated school-related proficiencies.

Among the program's strengths are that it takes place in the mother's own home, and the curriculum materials — books and toys — are permanently assigned to the family. Further, the mother is given no direct teaching or set tasks. This nondidactic approach is strongly motivating for parents and their pre-preschool children. Mothers who refuse other interventions readily accept the MCHP because of its light touch; most stay with the program for the full 2 years.

In one controlled outcome study of mother-child dyads who began in 1976, play interaction of 19 program and 18 control dyads was videotaped 2 years after the MCHP ended. Mothers' verbal behaviors were scored by "blind" raters on the "MIB" (Maternal Interaction Behavior), a project-devised outcome measure. Program mothers scored 50% higher than control mothers in total MIB scores.

Stepwise multiple-regression analysis was then used to examine the relationship between maternal verbal behaviors, combining the scores of program and control mothers and eight measures of school-related competencies. It was evident that, although verbal interaction had little or no association with such skills as naming colors or counting, mothers' verbal responsiveness ("Replies") was strongly correlated with a whole array of the children's school-related intellectual and attitudinal competencies: reading, arithmetic, attentiveness, concentration, ability to focus on task, and intellectual maturity.

The outcome research described here shows how the Mother-Child Home Program prevents children's school problems. It increases parent-child verbal interaction for at least 2 years after it ends, and program-fostered mother-child conversation significantly influences children's school-related competencies, thus providing empirical evidence for the theory on which the program is based.

Home-Based Interventions

The Home Instruction Program for Preschool Youngsters (HIPPY): The Program Model and Research Agenda

Amy J.L. Baker, Miriam Westheimer, Chaya S. Piotrkowski
Presenter: Nicole Romano

This presentation provided information on the HIPPY model. HIPPY is a 2-year home-based program designed for educationally disadvantaged parents to provide educational enrichment for their preschool children. The program is delivered by paraprofessionals who are members of the participating communities and are themselves parents in the program. The paraprofessionals' knowledge of their unique communities allows them to develop trusting relationships with the families and, since the paraprofessionals are using the HIPPY material with their own children, they identify with the kinds of challenges parents face. Paraprofessionals visit each parent at home every other week, bringing the packet of activities for that week. The activity packets concentrate on language development, discrimination skills, and problem-solving activities. On alternate weeks, parents, paraprofessionals, and the coordinator meet as a group to review and role play the week's activities. The formation of this support group breaks the social isolation many of the parents feel and enables them to perceive each other as valuable sources of support and information. The program was initiated in 1969 in Israel; it has been operating in the United States since 1984.

The scope and severity of our nation's educational crisis, especially in regard to the well-being of young children and their families, is tremendous. It is now critical that all programs, agencies, and organizations, as well as federal, state, and local legislation, demand an integrated, global approach to providing much-needed comprehensive services.

HIPPY provides one discreet component to a comprehensive family support program. It succeeds at strengthening parent-child relationships, providing school readiness skills to preschoolers, providing a transition for the parent and child from preschool to kindergarten, and encouraging the self-esteem and self-sufficiency of parents. Head Start, along with many other early childhood and family support programs, offer a wide range of other important services. HIPPY has been actively involved in many efforts to collaborate with other programs.

Language and Literacy

Project SELF HELP: A Family-School-Community Partnership for Literacy

Lori J. Connors, Dolores Bramer

Presenters: Lori J. Connors, Dolores Bramer

The recent passage of the Head Start Improvement Act mandates programs to provide Head Start parents with literacy and child development skills training. This requires that Head Start programs focus their services on the learning of *both* parents and children. As Head Start programs embark on this somewhat new focus of service delivery, they will look to other providers of family literacy services, locally and nationally, to guide their efforts.

This presentation described the 1991-1992 evaluation of Project SELF HELP, a school-based family literacy program run by a Baltimore city community organization. Project SELF HELP delivers services to three target groups within the family: (1) parents or caretakers with reading levels below the fifth grade; (2) their academically at-risk elementary school children; and (3) their preschool children, who are often developmentally delayed. Adult education classes, homework and enrichment help for elementary students, and a developmental day care program for preschoolers operated 2 days per week for 3 hours per day. Joint parent-child activities were held on a regular basis. An 8-week summer reading program gave families an opportunity to experience community-based educational and recreational resources and other activities.

Gains in mean scores on all measures of literacy were achieved by the sample of parents. The preschool children, on average, made gains on all literacy assessments from fall to spring. There were moderate increases in the assessment of the home educational environment, indicating that parents talked more to their children about school at home, had higher expectations for their children's educational achievements, and provided more educational resources for their children. Parent behavior towards their children was often overly restrictive and punitive. As the year progressed, parents became more positive towards spending time with their children in parent-child interaction and were less likely to use restrictive and punitive practices with their children. The summer program eliminated the typical "summer loss" in reading for these disadvantaged elementary children. WRAT reading scores improved from the spring to the end of the summer. Report card grades remained at similar levels from spring to fall for the elementary children attending the summer reading program.

The nature of many Head Start programs makes the provision of family literacy services a natural fit with existing philosophy and service delivery. Head Start programs will need to look at new and existing models of family literacy provision in order to create programs that increase the access, support, and assistance for families with literacy needs.

Language and Literacy

The Early Childhood Project: A Comparison between Caregivers' and Teachers' Beliefs about How Children Develop and Learn

Susan Sonnenschein, Robert Serpell, Linda Baker

Presenters: Susan Hill, Victoria Goddard-Truitt

This presentation reported part of an ongoing 4-year project, sponsored by the National Reading Research Center, which investigates the contexts in which preschoolers from various sociocultural backgrounds experience literacy as they make the transition into formal schooling. Of central concern is how the complex overlapping contexts of home and school interact to facilitate or impede reading development.

Participants consisted of 37 children enrolled in prekindergarten programs as of September 1992, their families, and their teachers. Participants were recruited from six Baltimore City public elementary schools serving neighborhoods with different sociocultural profiles. The neighborhoods differed in SES (low-, middle-class) and ethnicity (predominantly African American, European American, mixed).

This study sought to characterize the contexts in which children experience literacy at home and at school, as well as the emerging competencies of the children themselves. Caregiver diaries, home observations, and interviews were used to learn about the child's everyday experiences and the literacy-promoting materials and activities available in the home. Interviews with caregivers explored the ideas and expectations that guide their behavior, especially with respect to cognitive development and education. Interviews with teachers explored their ideas about literacy learning and the ideas and expectations about development and education that guide their interactions with students. Classroom observations were also conducted. Children's emergent literacy skills were assessed.

This presentation focused on the beliefs about development and education expressed by the primary caregivers and teachers of the prekindergartners. All primary caregivers, teachers, and teaching assistants were asked to participate in interviews exploring their beliefs about how children learn and develop. The interviews for both groups were semi-structured. Construction of caregiver interviews was based on a reading of the literature, as well as themes identified from focus groups with parents addressing how children learn and develop. The format for the caregiver interview called for the caregiver to reflect upon the meaning or purpose of activities identified as recurrent for his or her child. Discussion also focused upon how children learn and the role of nature/nurture at different points in development. Teacher interviews were thematically comparable to those used with caregivers.

The analyses focused on areas of similarity and difference between caregivers and teachers, with particular emphasis given to whether the comparison was consistent across sociocultural groups. More specifically, comparisons were made between the nature of teachers' and caregivers' goals for children's development and how they saw attainment of such goals occurring. Allocation of responsibility between home and school for development in various social and academic domains was also compared.

The findings indicate that children are best served when their families and their teachers share a common set of beliefs about how children learn, or at the very least, have an understanding of each others' beliefs and how they differ. The ultimate goal of this project is to use the findings to foster a dialogue between the families and the schools and to design an intervention program that will build upon such a dialogue.

Language and Literacy

Success through Early Attitudes toward Learning: A Model Bilingual Preschool Program *Beverly R. Taub*

Presenter: Beverly R. Taub

Fremont Unified School District's Bilingual Preschool Program has been in existence since 1975. This bilingual program (Pre-K to 6) has been validated as an exemplary program by the California State Department of Education and receives a dissemination grant from the U.S. Department of Education. Fremont, a community of 173,399 residents, is located in the San Francisco East Bay area of northern California. The Fremont Unified School District currently serves 28,386 students who have mostly midlevel- to low-socioeconomic backgrounds. Since 1976 the Fremont Unified School District's minority population has increased 151%. The 1991 enrollment counts reflect 39% of the population as minority.

The goal of this presentation was to share the successful experience of working closely with a variety of preschool adoption sites, funded by state (State Preschool Program; Migrant Education Program) and federal (Head Start) sources, and to assist others in adapting the practices and curriculum to meet their own particular needs. Greater coordination between bilingual education researchers and practitioners and those in the early childhood education field is very important. This relationship is particularly important in view of the fact that many of the children served by Head Start are not native English speakers and go on to kindergarten and primary education in bilingual or other special programs for limited-English-proficient students.

This program was designed to instruct 4 year olds in their primary language and to develop language skills necessary for academic success. The classes consisted of 50% Spanish-speaking, limited-English-proficient students, and 50% English-only students. The classes were taught by bilingual teachers with Early Childhood credentials and assisted by bilingual instructional aides. The children from the Bilingual Preschool fed into the K to 6 bilingual program at the schools.

Recent data for California indicate that, statewide, approximately 50% of the language-majority children come to school with a preschool experience, while only approximately 20% of the language-minority children do so. Considering the growth in the number of language-minority students entering kindergarten, a very large number of kindergartners are entering school without the early benefits of a preschool program.

Recent research demonstrates that it is not just the preschool experience that makes a difference for young language-minority children, but rather a preschool experience in which the home language is utilized through the process of instruction. Parental involvement has always been an integral component of the Fremont program. There is an aggressive campaign to get parents involved in the classrooms, and these efforts have long-term benefits, because parents are introduced to the school and the educational system in a positive way. Parents know that their children will receive a well-organized curriculum, have the opportunity to develop their primary language, learn another language, and be exposed to other cultures. Data for this project show that limited-English-proficient and English-only students in the preschool program demonstrate statistically and educationally significant gains from the fall pretest to the spring posttest in the areas covered by the district's Bilingual Preschool Inventory.

Language and Literacy

Creating a Language Interactional System in Multilinguistic Head Start Classrooms *Julie A. Hirschler*

Presenter: Julie A. Hirschler

This presentation reported on an intervention technique used in an ethnographic study and intervention conducted in a 3- to 5-year old mixed-age preschool classroom in which 50% of the children were native English speakers, 25% were native Khmer speakers, and 25% were native Spanish speakers. The children were all learning English; the second-language learners also had support in their first language.

The goal of the study was to determine the level of language interaction between native English speakers and children learning a second language. Because second-language learners are sometimes isolated or play only with others of their own language group, they do not interact using language with English speakers. This study sought to increase the interaction through training of English speakers. This training consisted of teaching the target children, who were English speakers, to initiate conversation with second-language learners, to reinitiate conversation if met with nonresponse, to request clarification if the response was not understood, to recast or expand when the second-language learner indicated a lack of comprehension, and to speak slowly and with good enunciation. Posters were on display in the classroom, and bracelets with mnemonic devices were also worn by target children as reminders of the strategies.

While training native speakers to interact more optimally with second-language learners is a new technique to stimulate language acquisition, it was assumed that such training would be possible, because it is known that preschoolers can simplify their language in speaking to younger children. They can also be trained to use these strategies in a way similar to other interventions in which young children were taught language strategies to improve interaction with handicapped children.

In the first phase of the study, language samples were collected from five target children during free-choice play time. In the second phase, the class as a whole, then the target children individually, were taught five strategies about how to interact more frequently and more optimally with second-language learners. The experimental design was a standard experimental versus control group design with pre- and postmeasures. The data were coded according to the CHAT (Codes for Human Analysis of Transcripts) format.

Analysis of postintervention data showed that rates of initiation to second-language learners as a whole increased 2.5 to 3 times for four of the five target children. Rates of turn-taking and utterances per turn also increased. There was great variability in the degree of enhancement of interaction after the intervention.

One target child showed large gains in interaction with second-language learners, acting as a teacher in a variety of classroom settings. This intervention seemed to serve as a catalyst to encourage language interaction by sensitizing the native speakers to the language needs of second-language learners and to offer them a technique to draw second-language learners into talk and play.

Relationship between Parent and Child Outcomes in the National Even Start Evaluation *Robert G. St.Pierre, Janet Swartz*

Presenters: Robert G. St.Pierre, Janet Swartz

The Even Start family literacy program is predicated on the beliefs that children's early learning is greatly influenced by their parents, that parents must develop and value their own literacy skills in order to support their children's educational success, and that parents are their children's first and best teachers. Coming from this background, Even Start provides a coordinated approach to family literacy by integrating programs for early childhood education, adult basic education, and parenting education. Focusing on the family as a unit, Even Start projects strive to assist children in reaching their full potential as learners, help parents become full partners in the education of their children, and provide literacy training for parents.

One of the hypotheses underlying Even Start is that by providing services both to parents (adult education and parenting education) and to their children (early childhood education), child-level outcomes should be enhanced over what they would have been if only early childhood services had been delivered. To test this hypothesis, data from Even Start projects that are participating in the national Even Start evaluation were used.

Measures for children included the PreSchool Inventory (a measure of school readiness) and the Peabody Picture Vocabulary Test (a measure of receptive language). Measures for parents included the Comprehensive Adult Student Assessment System (a test of functional literacy) and a parent interview that included items and scales designed to measure: demographics; family support and resources; literacy behaviors in the home (shared literacy events with children, adults' reading and writing activities, literacy resources in the home); parenting behaviors and skills (home environment, expectations for child); and education and employment history. In addition, projects have collected data on the number of hours family members spent in early child education, adult education, and parenting education.

The national evaluation conducted for the U.S. Department of Education has already determined that Even Start appears to positively affect children's school readiness and adults' functional literacy levels. This study investigated the relationship between improved child outcomes and participation in early childhood education, parenting education, and adult education. Specifically, the analytic model asked whether the amount of time that parents spend in parenting and adult education classes had a positive effect on children's school readiness and language skills over and above the impact of the child's participation in early childhood education. The mediating effects of family characteristics such as primary language, mother's education, mother's literacy level, and the literacy environment of the home were also explored.

Language and Literacy

Ways That Families Transmit Concepts of Emergent Literacy to Their Children: Examination of Parent-Child Interactions and Intervention *M. Susan Burns, Renee Casbergue, Janet Rice*

Presenters: M. Susan Burns, Renee Casbergue, Janet Rice

Researchers have identified parent-child interactional styles that affect children's development — in particular, their cognitive development and literacy development. Studies on literacy development have examined bookreading experiences. This study broadened this body of research by examining emergent writing. Most articles that address parent-child interaction within a writing context are either case studies or anecdotal reports. Data from a program of systematic research on parent-child interactions within a writing context were presented.

Research on literacy development has focused on middle-income families and children. One notable exception is the work of Taylor and Dorsey-Gaines, which demonstrated parallel uses of written language in low-and middle-SES families. The studies outlined below begin to fill in a gap in the literature on parent-child interactions and early literacy by examining low- and high-SES parents and children as they engage in writing.

In Study 1, the interactions of 26 parents and their 3- to 5-year-old children were investigated as they collaborated to write a letter to someone during a 10-minute videotaped session. The families were of middle income and predominantly of European descent. Observational coding categories were designed to indicate (1) the manner of the exchange of information; (2) the types of information that parents and children exchanged during the writing; and (3) the nature of the children's written input into the resulting letter product. Regression analyses were used to examine how parents' level of control was associated with (1) the nature of the children's communicative input into the literacy exchange; (2) the type of information about writing upon which the interchange was focused; and (3) the nature of each child's written input into the letter product.

Study 2 investigated the interactions of 140 parents and their 3- to 5-year-old children as they collaborated to write a letter to someone during a 10-minute videotaped session. The families were of lower income and predominantly of African descent. If a language other than English was used in the family's home, the home language was used in the experimental task. Observations of these sessions were coded using the same categories as in Study 1. Categories of parent-child nonverbal exchange were added. Multiple regression analyses indicated that parents exhibiting higher levels of control tended to have children who exhibited higher levels of response and recognition that they heard their parents (this was true for both verbal and nonverbal exchanges); had shorter mean length of utterance; had exchanges that focused on spelling, the mechanical conventions of writing, and letter formation and identification; and had written products that were conventional in nature. Parents demonstrating lower levels of control tended to have children who exhibited higher levels of initiations and verbal input; had exchanges focused on content of the letter; and had written products that were emergent in nature.

In addition to these studies, parent-child interactions both before and after the early literacy intervention program were examined. The main finding was that parents spent more time interacting with their children if they had attended the parenting sessions.

Language and Literacy

Linguistic and Metalinguistic Skills of Three-Year-Old Children: Relations to Emergent Literacy and Socioeconomic Status *Carolyn Chaney*

Presenter: Carolyn Chaney

Previous research has shown that certain aspects of language development, in particular metalinguistic awareness skills, are predictive of success in reading and spelling, and that by the time they enter kindergarten, middle-/upper-middle-class children perform more successfully on metalinguistic tasks than do children who come from less advantaged environments. This study investigated the relationships among normal language development, emerging metalinguistic skills, concepts about print, and family literacy experiences in children younger than school age. Forty-three normally developing 3-year-old children (mean age 44 months), whose family incomes ranged from under $10,000 to over $100,000, were given 4 tests of language development, 12 metalinguistic tasks measuring phonological, word, and structural awareness, and 2 measures of literacy knowledge. The children's family literacy experiences were described following a parent interview.

The data analysis had three main purposes. The first was to describe the children's metalinguistic abilities; the second was to examine the family literacy experiences of the children; and the third was to describe the relationships among family literacy experiences, socioeconomic factors, language development, metalinguistic performance, and concepts about print. The results revealed that most children were able to make many metalinguistic judgements and productions, and overall metalinguistic performance improved with age in months. After effects of age were controlled, overall metalinguistic performance correlated with three linguistic measures: overall language development, receptive vocabulary, and sentence structure. The interview data revealed that the quantity of family literacy activities was associated with income; middle-class families routinely provided abundant exposure to a wide variety of literacy experiences, while the quantity of literacy experiences varied more among poorer and less well-educated families. Quantitative analyses revealed that amount of family literacy involvement and the children's race were related to oral language development, and that language development was the most powerful predictor of metalinguistic awareness. When language development was controlled statistically, family literacy and socioeconomic factors had negligible effects on metalinguistic skills; however, knowledge of print concepts was related to metalinguistic performance, especially in the phonological domain, and was associated with the children's family literacy experiences, maternal education, and race. These results are further discussed in Chaney.

Considering that quantity of family literacy experiences was strongly related to language development and print awareness, it seems clear that programs that support early language development and literacy skills are especially crucial for children who live in poverty. Furthermore, a basic level of environmental exposure to language and print may provide insufficient preparation for learning to read. It is possible to have life experiences with language and books and still lack metaknowledge of language structures and of print that comes from having talked about them. The important role of metalinguistic skills in the development of literacy argues for educational experiences that expose children to concepts such as sounds, words, and letters. Even 3- to 4-year-old children can profit from and enjoy certain metalinguistic activities, such as sound play and rhyme, inventing new words, and correcting a puppet's linguistic mistakes.

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Language and Literacy

Promoting Literacy: The Storytelling Skills of Head Start Parents

Margaret S. Benson

Presenter: Margaret S. Benson

Research has found that shared bookreading promotes emerging literacy. However, studies of low-income families find that shared bookreading is less common than in middle-class families, and that parents do not engage in literacy-promoting interactions with their children when reading to them. In this study, 25 mothers of children enrolled in a Head Start program in urban Appalachia were observed while "reading" a wordless picture book to them. They also completed a survey that asked, among other things, how often children were read to, how often mothers read to themselves, whether they had pleasant memories of being read to as children, and demographic information about the families.

Mothers adhered to the story grammar presented in the book. Ninety-six percent explained where the characters were; 84% specified the relationship between them. Eighty-four percent included an explicit goal statement, and consequences of attempts to achieve this goal were discussed or described in over 92% of the transcripts. At a high point in the narrative, 96% of the transcripts included discussion of the internal states of the characters. Seventy-one percent of dyads engaged in interactions that promoted literacy, and 60% of those dyads included interactions that were about nonimmediate material, a potentially more cognitively sophisticated interaction. Mothers were more likely than their children to initiate interactions about nonimmediate material.

Quality of interaction was not statistically related to how often the child was read to. However, there did seem to be a pattern suggested in which children whose mothers interacted with them least well also were those who read to their children least frequently. Children whose interactions with their mothers were of the highest quality were divided in terms of how frequently they were read to. This suggests that there are some parents who have the skills to engage in literacy-promoting, shared bookreading, even though they may not do so often, but that there are also parents who need help in developing the skills to use shared bookreading to promote literacy. There is also evidence that children from two-parent homes are more likely to be those who engage in high-quality interactions with their mothers while reading the wordless picture book. However, mothers in two-parent homes tend to be older than mothers in single-parent homes, so these results may be confounded by some experience that the data do not assess.

Facilitating Language Learning via Enhancement of the Listening Environment

James H. Heller, Carolyn Edwards

Presenters: James H. Heller, Carolyn Edwards

This presentation considered the effect of the listening environment on language development. Listening and language learning are integrally related. Events that disrupt listening also interfere with language learning. Noise and reverberation are two important elements.

The masking effect of white noise and babble on the ability of 52 preschool children to identify single-word vocabulary items was analyzed. Performance in babble dropped dramatically as the level of the noise approached and exceeded the level of the speech signal. Identification performance was negatively affected at a signal-to-noise ratio of +5.

A second study compared comprehension in babble by normal children and children with middle-ear fluid. The normal children comprehended significantly more words in noise than did the children with middle-ear fluid ($p < .01$). These two studies demonstrate that small improvements in the reduction of noise, especially speech noise, can have an important effect on language comprehension.

Unfortunately, the acoustic environment of most day care centers is poor for language learning. Often speech-to-noise ratios dip to 0 dBHL and below. While poor acoustics disrupt speech comprehension for all children, children with *otitis media* (as well as other hearing and perceptual impairments) are particularly affected.

Modified teaching strategies can provide an improved signal for the preschool child. Caregivers must present speech within close proximity of the child. Encouraging the child to look at the speaker while talking is essential to add visual cues. Seating children away from typical noise sources, such as ventilation ducts, during circle times is helpful. Use of children's names, common carrier phrases, or changes in activity signal the children to tune into the beginning of the message despite a noisy listening environment. Use of listening "buddies" helps to develop the child's own strategies during any group activity. The caregivers' own speech patterns (such as intonation) are also critical for enhancing language comprehension.

Simple modifications of existing room design, such as increasing the use of storage space, hanging foam mobiles, padded tablecloths on work tables, and underpadding with carpeting, assist in sound absorption and are a relatively inexpensive means of enhancing the listening environment. The number of children within each room has a significant effect on the noise levels generated. One architectural study has recommended no more than 10 children in each room.

Structural design modifications can reduce noise levels and/or reverberation. The shape of the room, the ventilation/heating system, the location of the door, the type of insulation material, and the type of ceiling can significantly alter the acoustic characteristics of the room. Often, these features add minimal cost (1% or less of the cost of the entire structure) when incorporated into the initial design of the building.

Small enhancements to the signal or language input that the child receives can mean the difference between comprehension and misperception. Over time, these experiences can have a critical effect on language comprehension and use.

Language and Literacy

Bilingual by Choice: Spanish-English Elective Bilingualism in the Home

Sandra R. Schecter, Diane F. Sharken Taboada

Presenter: Diane F. Sharken Taboada

This presentation reported findings from a pilot study based on interviews with 10 families in which the parents, at least one of whom was Spanish-English bilingual, chose to maintain the use of Spanish in the home. This study was especially concerned with parents' rationale for their decision to raise their children in a bilingual household; day-to-day issues encountered in the effort to sustain the use of two languages; language use and usage in the home; personal impact of the policy as experienced by family members over time; support and support systems that served to help sustain the use of the minority language; and the societal argument — if one exists — that families offer in support of their decision concerning language choice in childrearing. In addition, the study considered the relationship between length of residence and generational depth in the United States and the maintenance of the nonmajority language, Spanish.

Protocols were constructed and interviews were conducted according to methodological practices selected from sociolinguistics and the ethnography of communication. Families who met the following criteria were selected as subjects: (1) presence in the home of at least one child who was at least 1 year old present; (2) presence of at least one parent fluent in both Spanish and English; and (3) Spanish spoken in the home by one or both parents. One-hour interviews with one or both parents were carried out. Audio recordings of interviews with participants were transcribed in full. Transcripts and other data (summaries, *realia* volunteered by participants) were categorized to address each of the research topics. All data relating to the same family were grouped to yield profiles of different families' experiences with elective bilingualism. A final comparison was made across families.

Important findings: (1) Strategies that families pursued regarding minority language maintenance ensued not from a one-time decision regarding family language practice in the home, but rather from a series of decisions and choices that entailed continual renewal of a commitment to language maintenance, especially at seminal junctures in the child's schooling (e.g., transition from home to preschool, preschool to kindergarten) and/or at times when enablers and constraints on the home front changed (e.g., separation or divorce of parents); and (2) parents who took a proactive role in their children's language development in the manner described tended to also carefully consider educational options for their children and closely monitored their children's progress at school.

This study can provide a broad audience of policymakers and educational practitioners with detailed information about the adaptive learning strategies that children from bilingual households — in particular, Spanish-English speaking homes — bring to their experience in early childhood education programs. Second, the findings can be used to both promote and support the creation of family-community-school collaborative efforts, that, if successful, complement the agenda of formal schooling and lead to improvement of school outcomes for minority students.

Language and Literacy

The Effects of Maternal Cocaine Use on Language Development among Preschool Children

Marguerite E. Malakoff, Linda C. Mayes

Presenter: Marguerite E. Malakoff

The negative environmental conditions associated with cocaine use, and the effects of the cocaine use on caretaking skills, suggest that a young child growing up in a cocaine-using home is at risk for developmental delays. However, there are no published studies examining the long-term effects of postnatal exposure to maternal cocaine abuse on developmental outcome, whether this exposure is subsequent to or in the absence of prenatal exposure.

Language abilities were assessed among a group of 20 preschool-age children (2 1/2 to 5 years of age) living with 14 cocaine-abusing mothers. The children were recruited from a day care center affiliated with a drug-treatment program for pregnant women using cocaine. This program serves a poor inner-city population. Children's participation in the program was linked to the mothers' participation in the drug treatment program. All children had been exposed to postnatal cocaine use. Half of the children had also been exposed prenatally to maternal cocaine use. Three standardized language measures were used to independently assess (1) receptive vocabulary (Peabody Picture Vocabulary Test-Revised) and expressive vocabulary (Expressive One-Word Vocabulary Test-Revised) and (2) receptive and expressive language ability (Sequenced Inventory of Communicative Development-Revised).

The findings suggest that children living in cocaine-abusing homes are at risk for language delays. However, the presence or absence of language impairment was not associated with prenatal cocaine exposure. Sixty percent of the children in the sample showed serious language delays. Only 3 of the 20 children showed minimal to no language delay. Children showed a mean delay of 10.8 months (SD = 6.6) on receptive vocabulary and 10.9 months (SD = 7.3) on expressive vocabulary skills. Older children showed greater language delays. Children over 48 months of age showed mean delays of 16.1 (SD = 4.3) and 14.3 months (SD = 6.3) for receptive and expressive vocabulary, respectively. None of the nine children over 48 months showed receptive vocabulary skills above the 15th percentile, although three children showed expressive skills between the 15th and 42nd percentiles. Performance on the measure of overall language ability (SICD-R) showed smaller language delays, although there was again great heterogeneity in performance. This suggests that when assessing language ability among this population, performance on vocabulary skills is not a good measure of overall language ability.

Television as a Literacy Experience *Wendy J. Graham, M. Christine Dwyer, C. Ralph Adler*

Presenters: Wendy J. Graham, Diane D'Angelo

Family literacy programs are an emerging practice in education and family support programs. Head Start's renewed emphasis on family literacy, the establishment of the Department of Education's Even Start Family Literacy program, and the increased emphasis within Chapter 1 on empowering parents as their child's first teacher attest to the commitment of policymakers to fund family literacy as an early intervention strategy.

By definition, family literacy programs are organized efforts to improve the literacy of educationally disadvantaged parents and children through specifically designed programs. They are based on the recognition that homes in which parents read and write tend to have children who also read and write. Although there are many variations in both program design and funders, a basic idea that flows through most programs is that educationally disadvantaged parents and children can be viewed as a learning unit and may benefit from shared literacy experiences.

The Family Literacy Alliance pilot project represents an effort of one type of sponsoring agency to create a sustained commitment to implement a new community and educational outreach initiative to foster literacy activities with families who have been nontraditional audiences. Funded by the Corporation for Public Broadcasting, the pilot project's primary goal has been to introduce families and community gatekeepers to the positive use of children's television programming in stimulating interest in family literacy through storytelling, reading, and seeking out books using the three PBS book-based series for children: Reading Rainbow, Long Ago and Far Away, and Wonderworks.

As the outside evaluator for the project, RMC Research Corporation designed an evaluation that would generate practical advice about the aspects and characteristics of this form of station/community outreach that would hold the most potential for replication and would provide an overall summary of the merging value and feasibility of this type of activity in enhancing family literacy. This presentation summarized the evaluation findings related to the Family Literacy Alliance project and suggested practical applications for the Head Start audience for using a book-based television programming model as one strategy for building family literacy experiences.

The Factor Structure and Predictive Ability of the Family Reading Survey: A Study of Head Start Families *Adam C. Payne, Deanne A. Crone, Grover J. Whitehurst, Janet E. Fischel*
Presenters: Adam C. Payne, Deanne A. Crone

Beliefs of the primary caretakers of 293 Head Start children were surveyed using Whitehurst's Family Reading Survey. The 52-question survey was designed to measure areas of family life that contribute to children's school success. Analyses were conducted to assess whether parents' answers were predictive of their Head Start children's language and emergent literacy ability. Family variables were sought that could help identify children at risk for reading and language problems.

A principle-components analysis of the parents' responses on the Family Reading Survey was performed using varimax-normalized factor rotation. Factors that had eigenvalues greater than 1 and produced conceptual variable groupings were accepted. This method resulted in three factors: Literacy Atmosphere, Parental Expectations, and Home Environment. Questions loading high on the Literacy Atmosphere factor inquired about the number of picturebooks in the home, the amount of time spent reading with the Head Start child, and the amount of enjoyment the parent received from reading. Questions loading high on the Parental Expectations factor inquired about the grades the parent expected the child to obtain in school. Questions loading high on the Home Environment factor inquired about the amount of TV watched, behavior problems of the children, and the amount of homework the parents expected the child to have nightly in grade school. Three factor scores were computed for each family.

Language and emergent literacy skills were measured for each Head Start child at the end of the Head Start year. Language measures included tests of receptive vocabulary (PPVT), expressive vocabulary (EOWPVT), and expressive discourse (ITPA). Emergent literacy measures were the Memory, Auditory, Print Concepts, and the Writing/Drawing Concepts subtests of the Developing Skills Checklist. Since these measures are highly correlated, they were condensed using principle-components analysis and varimax-normalized factor rotation. Factors were chosen using the same criteria as the Survey analysis. This method resulted in three child factors: Language Ability, Letter Awareness (derived from measures of letter knowledge, printing, and phonemic awareness), and Auditory Ability (derived from measures of word and sentence segmentation). Factor scores were computed for each child.

Factor scores from the parental factors were regressed simultaneously onto the child language and emergent literacy factor scores to determine if the survey measures of family variables were predictive of the children's abilities. The Literacy Atmosphere, Parent Expectations, and Home Environment factors accounted for a significant amount of the Language Ability factor scores ($R^2 = 0.086$; $p = 0.000$); the Literacy Atmosphere beta weight (beta = 0.283) was significant. These three factors accounted for a significant portion of the variance in the Letter Awareness factor scores ($R^2 = 0.034$; $p = 0.017$); the Home Environment beta weight was significant (beta = 0.169). The two factors did not account for a significant portion of the variance in the Auditory factor ($R^2 = 0.019$; $p = 0.128$). Head Start families' Literacy Atmosphere and Home Environment, measured by the Family Reading Survey, can predict child language and emergent literacy skills and help identify at-risk children.

Language and Literacy

Home and Classroom Portraits of Low-Income Families in Project Head Start and Non-Head Start Preschool Programs *David K. Dickinson, Diane E. Beals, Patton O. Tabors*

Presenters: David K. Dickinson, Diane E. Beals, Patton O. Tabors

Project Head Start assumes that optimal support for development can best be provided by programs that foster beneficial interactions at home and in preschool classrooms. Therefore, to understand the overall impact of Head Start, descriptions of both settings are needed. The Home-School Study of Language and Literacy Development, a longitudinal study of 74 low-income children (i.e., deemed "eligible" for Head Start, half of whom attended Head Start) is examining both home and school settings. Data collected in homes and preschools include demographic information (e.g., parental income level, number of adults in the home/preschool), attitudinal measures (e.g., parental efforts to foster literacy skills, pedagogical orientation of teachers), and measures of adult-child and child-child interactions (e.g., dinner table conversation, teacher-child interaction throughout the day). Two questions were asked: (1) Are there discernible differences between low-income families whose children attend Head Start and those who do not? (2) Are Head Start and non-Head Start classrooms different?

It was found that, even though all of the families were deemed to be "low income" by center directors, the Head Start families had more limited financial resources (e.g., 25 of the 33 Head Start families reported incomes of below $10,000 annually, vs. 11 of 41 families among the non-Head Start families). Mothers also differed in years of school completed: Head Start mothers averaged 10.9 years, and the non-Head Start mothers averaged 12.4 years. Based on these differences, the Head Start children appeared to be at higher risk for subsequent school problems when they entered the study at age 3 than did their non-Head Start peers.

When children in this study were 4 years old, they were observed in 61 different classrooms, 30 of which were Head Start classrooms. Comparison of these rooms revealed some differences related to classroom demographics (e.g., Head Start classrooms had shorter days, had a higher pupil/teacher ratio, and allocated less time for small teacher-led group activities) and some limited evidence suggestive of relatively less academically oriented pedagogical orientations in Head Start classrooms (e.g., less strong opinions regarding the importance of preparing children for later literacy demands, fewer teachers reporting reviewing shapes and numbers in group time). Additional analyses of teachers' pedagogical orientations and teacher-child interactions throughout the day and during bookreading time will provide additional information about classroom life.

When the children were 5 years old, a battery of language and literacy measures that provide an "outcome" measure of preschool experience and a "predictor" measure of children's potential performance in elementary school were administered. No differences were found on any measures of language and literacy between Head Start and non-Head Start children, despite the initial differences in socioeconomic situations. Additional analyses examining the relative impact of home and classroom variables will be done in an effort to identify variables that resulted in the Head Start children performing on a par with the other children, despite their relatively disadvantaged starting point.

Language and Literacy

An Emergent Literacy Curriculum for Head Start: First Year Outcomes

Grover J. Whitehurst, J.N. Epstein, Andrea Angell, Adam C. Payne, Deanne A. Crone, Janet E. Fischel

Presenters: Grover J. Whitehurst, Janet E. Fischel

A year-long curriculum was implemented to enhance emergent literacy skills in 4 year olds attending Head Start. The curriculum involved two components: an interactive book-reading program for children at home and at school and a program at school to teach awareness of sounds and letters. The curriculum was evaluated in a clinical trial involving a cohort of 200 children who were randomly assigned to intervention or control classrooms during the 1992-93 year, and a second control cohort of 200 children who attended the same Head Start classrooms the year before the curriculum was implemented. Children were pretested and posttested on a variety of tests of language, sound, and print skills. Demographic and home literacy data were obtained from parents via questionnaires. The primary caretaker received an IQ test. Each family's involvement in their child's Head Start program was rated by Head Start personnel.

In order to reduce the data, the 18 measures of language and literacy outcome were submitted to a principal-components factor analysis. Individual factor scores on the first unrotated factor were defined as the outcome dependent variable. An identical factoring process applied to the same tests when given as pretests produced an entry variable. A 2 (intervention vs. control conditions) x 4 (Head Start centers) ANOVA of children in the random-assignment cohort produced highly significant effects for both intervention condition [$F(1,151) = 12.15$, $p = .0006$] and Head Start center [$F(3,151) = 3.95$, $p = .009$]. There was no interaction effect. Children in the intervention condition exceeded the performance of the controls by over half a standard deviation.

In order to place the results in a broader context, a structural equation model was developed and tested. In addition to the intervention, the model examined the effects on outcome scores of children's entry scores, maternal achievement (IQ & education), parental involvement, home literacy environment, and number of siblings. The overall model fit the data well and accounted for 57% of the variance in outcome scores. The effects of literacy environment and maternal achievement on outcome were indirect, mediated by entry scores. In contrast, number of siblings and parental involvement had both indirect and direct effects on outcome. Notably, intervention still had significant effects on outcome in the context of the full structural model.

These data demonstrate that significant increments in children's emergent literacy abilities can result from an appropriate curriculum in Head Start classrooms. The structural model indicated that only two factors that are open to modification had effects on outcome scores, once the effect of entry scores was removed. They were parental involvement and the intervention. Interestingly, a measure of classroom quality, the ECERS, was not retained in the structural model because it made no independent contribution to outcome scores. This may mean that variations in classroom quality within the context of the regular Head Start curriculum are not important for the development of children's emergent literacy skills. A more focused curriculum, such as the one implemented, may be necessary to affect children's school readiness in language and literacy.

Normative Child Development

Race and Gender Scheme in the Three Year Old: A Longitudinal Perspective

Phyllis A. Katz, Eleanor P. Downey

Presenters: Phyllis A. Katz, Eleanor P. Downey

Children's racial attitudes and preferences are a reflection of the interaction between children's cognitive development and their environment. By the time children reach the age of 3, they have acquired numerous race and gender concepts, attitudes, and preferences. This longitudinal study focused on the underpinnings of these concepts and attitudes during the first 3 years of life. This presentation examined a small portion of the data collected: the early ability to perceive race, parents' reluctance to discuss race issues with their children, and the play preferences of 3 year olds.

Through the use of an habituation paradigm with a sample of 225 children, 88% of the African-American children and 76% of the Euro-American children demonstrated the ability to perceive and categorize racial differences in both adults and children. By 9 months of age, 89% of the sample demonstrated this ability. At 30 months, 90% of the children could categorize themselves correctly by race, thus indicating that the young child is not colorblind.

In contrast to children's early abilities, parents appeared to be reluctant to discuss race with their children. While many parents felt that it was important to discuss race with their children, only 19% of the African-American and 18% of the Euro-American parents reported that they actually discussed race-related topics with their children. A majority of the African-American parents felt that their children were too young for such discussions and were not ready for the harsh realities they would soon face in the wider world. Some Euro-American parents expressed concern that simply talking to a child about race might lead to prejudicial attitudes.

Parents need to understand that silence on these issues can itself be a powerful message. It indicates that the subject is taboo and discourages a child from asking questions. Parents need to be encouraged to teach their children that it is important to recognize race and gender in an individual but that these cues should not be used to evaluate a person. The valuing of differences that children are taught in some preschool settings needs to be followed up with directions for parents on how these issues can be approached in a constructive manner.

The study also looked at the preferences and attitudes of preschool children. At 30 months of age, 64% of the African-American children and 57% of the Euro-American children chose a same-race playmate. By 36 months, however, the pattern changed. A higher percentage of Euro-Americans chose a same-race playmate, but a much smaller percentage of African-American children chose a same-race playmate. This may demonstrate an openness on the part of African-American children to cross-race friends, but other interpretations are clearly possible. Further research will be needed to better understand this phenomenon.

Normative Child Development

Early Face-to-Face Interaction in a Mexican-Origin Group *Marlene Zepeda, Leila Beckwith, Sarale Cohen*

Presenter: Marlene Zepeda

The general goal of this study was to describe mutual verbal and gaze behavior in a sample of 37 Mexican immigrant primiparae and their 4-month-old infants. It should be noted that this is a secondary analysis of an existing videotape archive.

The majority of subjects in this sample spoke Spanish as their primary language, had an average residency in the U.S. of 3.5 years, and were considered to have had medically low-risk pregnancies. Most mothers worked in unskilled jobs. Mean education of the mothers was 7.0 years. Twenty-two female and 15 male infants comprised the sample.

Mothers' behavior during the first 3 minutes of interaction was coded using Tronick and Weinberg's Maternal Regulatory Scoring System (MRSS) and the Infant Regulatory Scoring System (IRSS). Both conditional and unconditional probabilities, in conjunction with a lag sequential analysis, were used to analyze the data.

Results indicated that mothers looked at their infants throughout the interaction. Mothers vocalized most when the infant was gazing at them, and they vocalized in response to infant vocalization. In contrast, infants responded to maternal vocalization by gazing and vocalizing, and there was a decrease in infant vocalization in response to mothers' use of attentionals. Examination of sex differences and the contribution of schooling to maternal behavior indicated no statistically significant relationships.

Previous research suggests that maternal vocal output towards the infant in Mexican-origin mothers is lower than that found in middle-income groups. In the present sample, mothers spent about 48% of the time in positive vocalization towards the infant. In a sample of middle-class Anglo-American mothers using the same coding scheme, Weinberg found that the mothers spent 69% of their time in positive vocalization. Similarly, a difference existed in infant vocal output between this sample (13.5%) and the Weinberg investigation (17%). However, a conditional-probability approach to data analysis indicated that the rate of maternal vocalization and infant vocalization was relatively similar when compared to an Anglo-American population (55.6% vs. 45.8% for mothers; 15.8% vs. 13.7% for infants).

The present analysis suggested that the infant disliked attentionals. Infants looked away more often in response to maternal attentionals and tended to decease their vocalization in response to them. Other studies have suggested that attentionals are characteristic of Spanish-speaking populations. The use of attentionals may be related to this sample's orientation to infant development. Bornstein et al. have suggested that the use of attentionals stems from a belief that the infant requires direct instruction. This finding is consistent with previous research on mother-child interaction in low-income Latino groups, which indicates that a more directive maternal style results in less child compliance.

Developing a Methodology to Evaluate African-American, White, American Indian, Latino, and Asian-American Children's Understanding of Race Relations

Valeria Lovelace, Susan Scheiner, Ivelisse Segui, Susan Dollberg, Tracey Black, Leslie Hom
Presenters: Valeria Lovelace, Susan Scheiner, Ivelisse Segui

In order to insure a fair opportunity for minority children to succeed, they not only need to be prepared academically, but they also need the necessary tools to combat racism. Sesame Street's philosophy, since its inception in 1969, has always been to promote positive race relations by showing people of different races and muppets of many colors interacting positively with one another. Given the rising tide of racial unrest, a decision was made to make race relations the focus of the Sesame Street curriculum from 1989 through 1993. By exploring this area, this study hoped to find new directions that might be taken to promote increased racial awareness, tolerance, understanding, and interaction in a preschool audience.

An extensive review of the early childhood research literature left many unanswered questions about how children perceive themselves, other children, and the world. A wide range of methodologies were used in trying to assess children's knowledge of racial differences and group interactions. A series of studies was designed in which several types of methodologies were implemented. In all studies, the sample consisted of low-income African-American, white, American Indian, Latino, and Asian-American 3-, 4-, and 5-year-old children.

Major findings: (1) The majority of African-American, white, Puerto Rican, Crow Indian, and Chinese-American children felt good about themselves. (2) The majority of African-American, white, Crow Indian, and Chinese-American children felt good about the color of their skin. However, the majority of the Puerto Rican children did not feel positive about the color of their skin. (3) Most children were accurate in knowing what color their skin is. (4) Most children felt positive about being friends with a child of another race. (5) The majority of African-American, white, Puerto Rican, Crow Indian, and Chinese-American children reported that their mothers would not be positive about them having a friend of another race.

Normative Child Development

Predictors of Aspirations among Low-Income, African-American Girls

Nancy Vaden-Kiernan
Presenter: Nancy Vaden-Kiernan

Adolescents' aspirations about the number of years they plan to attend school and the types of jobs they want to obtain are among the most important predictors of their ultimate educational and occupational attainments as adults. Although children from backgrounds of low socioeconomic status often have lower aspirations than children from backgrounds of higher socioeconomic status, sociological studies have shown that the encouragement adolescents perceive from parents, and parents' own aspirations for their children, can mediate the negative effects of low socioeconomic status on children's aspirations and attainment.

Although the contribution of this research has been substantial, several investigators have called for more refined measurements of family background and socialization. Measurement of family background often has been restricted to socioeconomic variables and adolescents' perceived parental encouragement to attend college. One promising strategy for extending the sociological literature would be to employ instruments and techniques developed in the psychological literature on achievement and motivation. Findings from the psychological literature suggest that parents' beliefs about their children's abilities influence children's perceptions of their parents' appraisals, which, in turn, affect children's perceived academic self-competence. If perceived competence is critical to the maintenance of achievement motivation, then predictors of perceived competence also would likely be important predictors of children's aspirations. In addition, developmental factors may be important to children's aspiration formation.

The present study addressed the roles of family socialization and developmental factors in children's aspiration formation within a low-income sample of 58 African-American girls — 20 fourth, 20 eighth, and 18 combined eleventh and twelfth graders — and their mothers. An all-female, low-income sample was chosen to extend the generalizability of both sociological and psychological models of aspiration formation.

Results suggested that although there was no variation in the relation between children's academic performance (used as a proxy for ability) and children's occupational aspirations as a function of grade level, the socialization of low-income girls' educational aspirations may occur through the direct and indirect effects of mothers' educational aspirations on children's educational aspirations. Mothers' aspirations indirectly affected children's aspirations through (1) children's perceptions of parents' appraisals of children's competence and (2) children's self-appraisals of competence.

The current findings suggest that parents' aspirations and children's perceptions of parents' appraisals play key roles in the family socialization process. These findings highlight the importance of discussions with parents in programs such as Head Start about parents' educational and occupational aspirations for their children and their role in socializing their children's perceptions of their appraisals, children's aspirations for the future, and children's ultimate attainment.

Normative Child Development

The Relationship Between Playfulness and Creativity of Japanese Preschool Children

Satomi Izumi Taylor, Cosby Steele Rogers, Marilyn Lichtman

Presenters: Satomi Izumi Taylor, Marilyn Lichtman

Playfulness, as a disposition, is predominant in the literature describing highly creative individuals. A few researchers have conducted empirical studies measuring the disposition of play (e.g., playfulness) and its relationship to creativity.

This study examined the relationship between playfulness and creativity with a sample of Japanese children who attended a preschool that emphasized whole-group orientation. In addition to subscribing to group orientation programs, the Japanese preschools strongly emphasized play orientation in the classroom. Both Japanese and American educators have hypothesized that play promotes creativity, and some Western studies have found a significant relationship between playfulness and creativity. Since Japanese preschool methodology encourages play and creativity in the context of group orientation, exploring the relationship between playfulness and creativity of Japanese preschoolers will enhance and stimulate an understanding of such a relationship in terms of a group-oriented environment.

Recently, comparative studies of American and Japanese education methods and outcomes have captured the attention of Western researchers, because Japanese culture provides an interesting contrast to Western culture. This study assessed playfulness using Rogers' Child Behaviors Inventory, teacher interviews, and observations. Creativity was measured using Jellen and Urban's Creativity Thinking-Drawing Production Test, Acharyulu and Yasodhara's Drawing Test, teacher interviews, and observations.

Although the statistical data analysis indicated no significant relationship between playfulness and creativity, the qualitative data analysis indicated that such a relationship may exist. The playful children were found to be active leaders as well as curious, creative, and self-motivated individuals. The attributes of playfulness found in the playful children seemed to be closely related to those of creativity: the ability to solve problems, to create things according to one's imagination, and to have original ideas.

The group environment that provided psychological safety seemed to be related to these children's creativity. However, conclusions must be qualified because analysis of the qualitative data revealed confounding factors in the concepts of playfulness and creativity. Some children, rated by their teachers as nonplayful, were described as playful internally. This internal playfulness was more evident in a one-to-one interaction and was manifested as joy, sense of humor, and active involvement. The internally playful child was described by the teachers as the child who possesses a lot of internal imagination but may not be able to express it externally in a group situation. Although the study focused on artistic creativity, the teachers in this study discussed a global view of creativity rather than artistic creativity alone. Thus, the results of the qualitative data analysis appear to contradict those of the quantitative data analysis. Further research on the relationship between playfulness and creativity is needed.

Relating Depression, Stress, Self-Esteem, and Childrearing Attitudes with Preschool Child Development among Low-Income Mothers *Brian F. Pendleton, Mary Ellen Atwood*

Presenters: Brian F. Pendleton, Mary Ellen Atwood

Low-income families often experience personal and social problems that are so serious they are unable to provide the support and participation necessary for their preschool children to develop normally and on target. This research addressed the need to measure and identify longitudinal correlates of preschool child development with select characteristics of their low-income mothers. The research sample was unique in that services being received by the low-income mothers and their preschool children took place in a "one-stop shop" family support service center, the Decker Family Development Center (DFDC) in Barberton, Ohio.

Mothers and their preschool children participating in the project were assessed at 6-month intervals. Results showed that between Time 1 and Time 2, decreases in intrafamilial, marital, work-related, financial, and crime-related stresses were related to increases in a variety of child development dimensions measured with the Learning Accomplishment Profile (LAP and Early LAP). These dimensions included self-help skills, gross and fine motor skills, and social/emotional skills.

A number of parenting attitude changes were related to changes in the child's LAP scores. For example, as the mother viewed her role in a less deified fashion, understood that it is acceptable for children to express aggression, was willing to view her role as a parent rather than as a "friend" to her child, and understood that it is natural for her child to "get on her nerves," the child's cognitive LAP scores increased.

Language skills were enhanced only when there were increases in the mother's recognition that it is natural for children to get on the mother's nerves, that motherhood should not be deified, that the child's aggressive compulsions are not suppressed, and that a husband/boyfriend needs to help at home. Self-help skills increased along with increases in promoting verbalization in the children, the mother's fear of harming her baby (and thus "protecting" the baby), the mother agreeing that arguments/quarrels are a part of any marriage or relationship, and the mother feeling that the child should not doubt the parent and the parent should not be corrected. Self-help skills also increased when there was more of an egalitarian relationship with the child, and the mother felt that the preschooler's development should be accelerated. Increases in the child's social/emotional skills were related to decreases in the mother's belief that the child's "will" needs to be broken and that she should know everything that the preschooler is thinking and doing.

Research on low-income families has shown that children may compensate for high mother-depression and low self-esteem by enhancing their own gross motor skills. The results of this research confirmed earlier research expectations. Results further indicate that when services are offered to low-income women with preschool children through a comprehensive, collaborative "one-stop shop" model, predictable, understandable, and healthy changes occur in the mother's childrearing attitudes and levels of depression, self-esteem, and stress, as well as in her child's development.

Normative Child Development

Prosocial Behavior in Early Childhood Classrooms: Relationships with Perspective-Taking and Empathy *Eun-Jin Cho, Elisa L. Klein*

Presenter: Elisa L. Klein

This study investigated factors related to the development of prosocial behavior in young children. An awareness of, and emotional responsiveness to, another's affective state have been cited as important mediators of positive social behaviors. However, no clear-cut links between perspective-taking, empathy, and prosocial behavior have been established, particularly for young children. It appears that the strength of the empirical link depends to a certain extent on the limits and properties of the methods used for assessing empathy, perspective-taking, and prosocial acts. The use of measures that are contextually valid and that take into account the naturally occurring events of classroom life may provide a better opportunity to explore these relationships.

The present study was undertaken to test the hypothesis that there would be a positive relationship between preschoolers' empathic and perspective-taking abilities and the incidence of their prosocial behaviors (helping, sharing, and caring) as observed in the naturalistic classroom settings, as well as in teacher ratings of these behaviors. Age and gender effects on prosocial behaviors were also investigated.

Fifty-eight children (ages 3, 4, and 5) enrolled in a multiethnic, multiracial child care center participated in the study. Children were observed for prosocial behavior (spontaneous and requested instances of helping, sharing, and caring) during classroom free play for a total of 60 minutes. Teachers were asked to rate each child's prosocial behaviors. Perspective-taking was assessed by the Denham Affective Perspective Taking Task. Empathy was assessed using a picture-storytask.

It was found that overall prosocial behavior observed during free play increased with age ($r = .28$, $p < .05$). In particular, helping behaviors, as well as spontaneous prosocial actions, increased across age. No gender effects were found. The observed prosocial aggregate was significantly related to teacher ratings of overall prosocial behavior ($r = .26$, $p < .05$). This finding provides support for the importance of teacher ratings as a valid and reliable method of estimating children's naturally occurring prosocial behavior in preschool classrooms. Moreover, there were positive relationships among the three behavioral categories in both the naturalistic observation and the teacher ratings.

The hypothesis associating perspective-taking and empathy with prosocial behavior, though supported by ample conceptual basis, was not confirmed in this study. Empathy and perspective-taking were not related to naturalistic observations or teachers' independent ratings of prosocial behaviors. In the present study, young children demonstrated high performance on both the affective perspective-taking and the empathy measures. However, children's capacities to interpret and emotionally respond to the affective states of others appeared to have no relation to prosocial actions in the classroom.

In consideration of a variety of factors posited to affect prosocial responding (including various contextual and motivational factors), the process by which children's perspective-taking and empathic abilities operate in specific social situations needs to be more closely examined. These findings were discussed with respect to future research considerations as well as curricular implications for the classroom.

A Contextual-Developmental Framework for Classroom Play *Stuart Reifel*

Presenter: Stuart Reifel

The purpose of this project was to present a theory of classroom play with analyses that suggest its utility for Head Start programs. Specifically, a model that combines views of play from a number of theorists (e.g., Vygotsky, Bateson) was proposed to account for the range of classroom play that is considered appropriate for Head Start. Vygotsky's theory of play relates to socialization and cognition. His observations of how children use toys as "pivots" to assist them in pretend transformations may provide a view of cognitive play that complements or supplants Piaget's theory. Vygotsky ties play more to a social context and links pretend play to a shared base of symbols. For Bateson, play is "as if" behavior or simulation, as when one acts in a way other than what it appears. It is seen when children pretend to take roles, when they fight, or when they treat something (e.g., blocks, clay, paint) as other than what it really is.

Play signals are markers that establish the play frame and let others know that what is in the frame is play. Signals and frames are potentially important for classroom play for a number of reasons. First, they promote effective communication skills (verbal and nonverbal). Second, they expand abilities to think about things in multiple ways and to deal with paradox. Third, they allow children to meet their psychological needs by altering their frames of mind. And fourth, they allow children to learn to adapt to the many roles that must be taken as human beings.

Recent research used Bateson's theory of frames to relate sibling play interactions to a range of other frames from their lives. Another analysis combined theoretical views of play in order to better understand play as it progresses in a classroom. The nature of materials that children manipulate, their interactions, the curriculum, and passing time seem to contribute to what goes on during play.

A case study of play in a program for low-income children served to highlight the following points: type of play (social and cognitive) depended on preparation of the environment to allow for play; teacher awareness of play types facilitated preparation of the play environment and support for play engagement; curriculum (materials, concepts, planned experiences) contributed to the type of classroom play; and training was necessary to sensitize teachers to the variety and significance of play. Suggestions for teacher training based on the model were provided.

Normative Child Development

Children of Poverty and Achievement: The Importance of Views of Self as a Learner *Barbara Burns, Lora Schlewitt*

Presenter: Barbara Burns

Children from families with low incomes have been shown to have more learning difficulties, more deficits in auditory and visual perceptual processing, lower psychometric intelligence test scores, and lower academic achievement than children from families with middle incomes. It is well established that an array of environmental variables is critical in predicting cognitive functioning and achievement and that intervention can significantly affect children's school performance.

In the current work, the relation between views of self as a learner and cognitive style was examined. Children from low- and middle-income families (LIF and MIF) were interviewed, and several measures of their views of themselves as learners were obtained. In addition, children completed Kagan's Matching Familiar Figures Test to determine their cognitive style. It was hypothesized that children from low- and middle-income families would differ on both "view of self as a learner" and "cognitive style."

Analyses revealed significant differences between LIF and MIF children on the two measures of incremental views of self. LIF children showed lower incremental thinking ($F(1,113) = 4.01$, $p < .05$) and longer latencies in response to errors ($F(1,115) = 4.65$, $p < .05$). IAR scores did not differentiate LIF and MIF children; both groups showed high scores in internal responsibility for positive and negative academic situations (p's $< .05$).

In contrast to previous work relating cognitive style and SES, no significant differences were found between LIF and MIF children's cognitive style using either Kagan's or Salkind and Wright's scoring framework. There were no differences in latencies, errors, impulsivity, or efficiency (p's $< .05$).

Correlations among measures on views of self as a learner, cognitive style, and achievement tests (math, English, battery) were determined for LIF children. Significant positive correlations were found between incremental scores and achievement test performance ($p < .05$). Separating the children by gender revealed strong correlations for girls (r's $= .60$, $p < .01$) and nonsignificant correlations for boys (r's $= .09$, $p < .05$). Thus, the prediction that views of self as a learner would be related to actual achievement was supported for one of the measures of incremental thinking.

This work demonstrated that the child's view of self as a learner is an important factor in understanding achievement in children from low-income families. These findings add to the increasing body of research showing that achievement may be mediated by children's beliefs about their own ability. In order to improve the school performance of children in poverty, the importance of such belief systems must be recognized, and the kinds of experiences that will strengthen views of the self that support achievement must be provided.

Normative Child Development

Culture and Perceptions of Toddlers among Anglo and Puerto Rican Mothers

Robin L. Harwood

Presenter: Robin L. Harwood

It is expected that Latinos will be one of the largest minority groups within the United States by the end of this century. Despite this rapid growth, however, few attempts have been made by researchers to formulate culturally sensitive criteria on which to base psychological assessments of, and interventions with, this population. Yet, such a formulation may be crucial; it is only through understanding culturally sensitive definitions of what being a "good child" or a "good parent" means for a given sociocultural group that we can begin to understand what appear to be developmental deviations within that population. In other words, it is necessary to understand socially competent behavior as it is conceived by the sociocultural group in question in order not to mistakenly equate cultural characteristics as deficiencies.

This study examined the influence of cultural values on lower and middle-class Anglo and Puerto Rican mothers' perceptions of desirable and undesirable attachment behavior in toddlers. In previous research, Harwood found that, compared to lower class migrant Puerto Rican mothers, both lower and middle-class Anglo mothers focused significantly more on the ability of toddlers to exhibit personal competencies enabling them to cope with an unfamiliar situation. The Puerto Rican mothers who were sampled focused significantly more on the ability of the toddlers to maintain proper demeanor in a public or interpersonal context. However, because Harwood used lower class migrant mothers living in New Haven, Connecticut, it remains unknown to what extent the values expressed by these mothers represent mainstream attitudes among Puerto Rican mothers living in Puerto Rico. This research attempted to address this question by examining the values and perceptions of mothers living in Puerto Rico.

Forty Puerto Rican island mothers (20 middle-class, 20 lower class), comparable in socioeconomic status to the lower and middle-class Anglo and lower class migrant mothers sampled by Harwood, were interviewed using the questionnaire developed by Harwood. In particular, mothers of 12- to 24-month-old toddlers performed closed and open-ended assessments of six hypothetical toddlers in a simulated Strange Situation. The vignettes for the behavior of these hypothetical toddlers had been created on the basis of Anglo and Puerto Rican mothers' responses in Harwood, and represented culturally sensitive depictions of Strange Situation behavior.

Study results indicated that, like the migrant mothers and compared to lower and middle-class Anglo mothers, both lower and middle-class island Puerto Rican mothers (1) found the active A1 and B1 toddlers to be less desirable and (2) placed more emphasis in their evaluation of the hypothetical toddlers on qualities associated with the maintenance of proper demeanor and less emphasis on the maximization of self as an autonomous unit. Further analyses revealed that these cultural effects remained significant even when child (sex and age) and maternal (age, education, marital status, hours worked outside home, number of children, household size, Hollingshead-Redlich score, and income) characteristics were covaried. The findings thus provide evidence that the values and perceptions of lower class migrant mothers in New Haven, Connecticut are consistent with those of both lower and middle-class Puerto Rican mothers living in Puerto Rico. In particular, results suggest that the maintenance of proper demeanor is a core cultural value for Puerto Rican mothers.

Normative Child Development

The Development of Question-Asking: The Effects of Modeling and Experience

Linda L. Schreiber, Harriet Waters

Presenter: Linda L. Schreiber

In this study, children were given a verbal presentation providing some information about a bird and its habitat. They were then given the opportunity to ask questions. Some children had a guided question-asking experience with an adult; others had the opportunity to ask any questions that they chose. The children were presented with a goal, which was to draw a picture of a particular bird in its breeding habitat. In order to accurately complete the picture, the children had to ask critical questions about the bird and its environment. Thus, the study examined the effects of explicit modeling on children's question-asking, as well as which conditions predict better strategy-skills acquisition. By contrasting modeled question-asking versus open-ended questioning, the efficacy of modeled question-asking can be demonstrated. By comparing modeled question-asking in a goal (picture drawing) and a no-goal situation (storyreading and question-modeling; no picture drawing), it is possible to examine the impact of providing a goal in learning situations.

Session 1 set up three different conditions for training question-asking skills: Adult-Modeled with a Goal (I); Peer-Modeled with a Goal (II); and Adult-Modeled without a Goal (III). In Session 2, each child had an opportunity to ask questions individually before drawing a picture.

In Session 1, children listened to a very general presentation about a puffin. Condition I children heard the experimenter model relevant questions and then drew the bird in its breeding habitat. Condition II children asked whatever questions came to mind and then drew their pictures. In Condition III, children had both the general presentation and the adult-modeled questions, but were not asked to draw pictures. Session 2 was the same for everyone. There was a general presentation about a wood duck. Children came up individually to ask questions that would help them draw the wood duck in its breeding habitat. All children drew pictures.

In Session 1, an examination of the percentage of relevant questions asked during the open-ended peer modeling session demonstrated a significant increase in the percentage of relevant questions from kindergarten to fifth grade. Picture scores reflected the advantage of having an adult model questions versus peers, with a significant main effect of condition at all ages. Older students were able to use more of the information acquired through questions.

In Session 2, the primary session of interest, condition by age analyses of variance were conducted on the number of questions asked, percentage of relevant questions, and overall picture. All three measures increased significantly with age. In addition, number and percentage of relevant questions showed significant differences across conditions. Thus, the adult-modeled group appeared to be the most efficient, asking fewer questions but having the highest percentage of relevant questions. In contrast, the adult-modeled, no-goal group showed very little benefit from the initial session. Although they asked more questions, more often than not the questions were not relevant. The accuracy of Session 2 drawings across conditions paralleled rates of percentage of relevant questions, indicating that purposeful, goal-directed question-asking was likely to produce useful information that could then be incorporated into the drawings.

These findings were discussed in terms of the importance of developing appropriate question-asking scripts in early childhood and the apparent effectiveness of modeling of these scripts.

Normative Child Development

Conflict Resolution in the Preschool Peer Culture *Edyth James Wheeler*

Presenter: Edyth James Wheeler

In response to the world of widespread violence in which children live, an understanding of their early peer conflicts can enable teachers and parents to help young children, as they grow, become part of the solution rather than part of the problem. A synthesis of research presents issues, strategies, and outcomes of conflicts among young children within the social context of their peer culture in school. The developmental contributions of children's constructive conflicts, as well as factors supporting conflict resolutions, were presented in an early childhood education framework, drawing on cognitive-developmental, sociocultural, and sociolinguistic perspectives.

While variously describing children's peer conflict as a means of individual growth, as a structured interaction among children, or as a vehicle for children to create their social organization, these theoretical perspectives have all maintained that peer conflict contributes to children's social, cognitive, linguistic, and cultural development. Cognitive developmental theory describes peer conflict as a process that encourages intellectual growth, logical thinking, and perspective-taking among young children. A sociocultural perspective describes peer conflict as a problem-solving activity in which children not only develop cognitively, but also create and conserve cultural systems through social interaction with their peers. Sociolinguistic research describes the value of verbal conflicts, or arguments, for children. According to the Goodwins, "Arguing provides children with a rich arena for development of proficiency in language, syntax, and social organization." Consistent with Vygotsky's perspective, sociolinguists describe children's conflicts as a process that constructs and maintains culture.

Descriptive studies have investigated children's conflicts and have defined structural features of the process: instigating issues, oppositional strategies, and outcomes. Although questions persist about the relationships among these features, some patterns within the conflict process have been identified. Results of age-related studies have suggested a developmental progression in children's conflict-management ability. Gender studies, however, have yielded contradictory results. Recent research has investigated the social context of children's conflicts: antecedents to conflict, the nature of play, the number of participants in conflicts, and the presence of adults. Several studies have found that children playing together before conflict arises are more likely to resolve their disputes agreeably and continue playing together.

A contradiction has existed between theory, which describes conflict as a constructive contribution to development, and traditional practice, which defines conflict as a destructive, undesirable behavior. The bridge across this gap may be an understanding of the process of children's conflicts that supports development and fosters positive conflict resolutions. This review defines appropriate expectations of children's conflict behaviors on the part of teachers and parents and suggests ways to facilitate positive, child-generated resolutions through the physical and social environment. Implications include creating a caring group environment, understanding children's peer culture as a means of developing social competence, valuing the role of play, and offering appropriate guidance.

Normative Child Development

Perceptual and Experiential Correlates of Preschool Thinking

Louise M. Soares, Anthony T. Soares

Presenters: Louise M. Soares, Anthony T. Soares

Research into the nature of children's thinking suggests a relationship between cognitive development and experience. Piaget's term "operations" conveys the concept of relating information from the real world to the world of thought. Preschool children make sense of their environment predominantly by way of their perceptions. Implicit in this position is the conclusion that varied experiences in early childhood, of the type that would further the understanding of behavior of organisms and properties of objects that comprise the environment, as well as their classification, might enhance perceptual awareness and lead to a higher level of cognition and perhaps an accelerated pattern of cognitive development.

This study was an outgrowth of this course of thought. Specifically, the research was designed to compare the responses to thinking tasks of disadvantaged and advantaged 5 year olds from an urban Head Start Program in order to determine whether differences existed in the normative characteristics of centering, conservation, egocentricity, space conception, and irreversibility.

A sample of 60 children was drawn from a metropolitan kindergarten/Head Start population. The ethnic composition of the disadvantaged group was approximately one third black, one third Puerto Rican, and one third white. The advantaged group was mostly white, with 15% comprising Asian and black minorities. The criteria for the "disadvantaged" and "advantaged" conditions were determined from federal guidelines (e.g., family income, housing, federal/state funding).

Five tasks typical of Piaget's theory were presented to the children: (1) a variation of the three-mountain problem; (2) changing the shape of one of two balls of clay; (3) imagining the direction of the water line if a bottle were tipping; (4) moving the same number of beads from two containers of the same shape to others of different shapes; and (5) pouring water from two vials of the same height to others of different heights.

The results of the study indicated that both groups of children demonstrated normative development in Tasks I (mountain problem) and III (water line), indicating expected behaviors of egocentricity and perceptual fixation. The advantaged group, however, showed early signs of operational thinking (Stage 3 of Piaget's theory) in comparison to the disadvantaged group for decentration, reversibility, and conservation.

Major conclusions of the study evolve from the behavioral differences between advantaged and disadvantaged children. The advantaged 5 year olds seemed to be able to respond more correctly to the before-and-after facets of a particular experience, to the coordinating relationships of the various characteristics of objects, and to the maintenance of the substance of an object while it undergoes change. They seemed to be less bound to momentary perceptions that may have resulted from more extensive and varied experiences at home. The disadvantaged group may have had dissimilar opportunities for such an experiential background. On the other hand, with both groups indicating evidence of egocentrism and limited space conception, the inference might be drawn as to social interaction being one antecedent of development into the next of Piaget's phases. The ability to see objects in the environment from another's perspective — evolving out of an egocentric position — may be increasingly facilitated with repeated interpersonal relationships when the preschool child is compelled to take into account the perceptions and needs of others.

Normative Child Development

Interpersonal and Intrapersonal Socialization of Emotion in Preschoolers

Susanne A. Denham

Presenter: Susanne A. Denham

Intervention research has long concentrated on specifying improvements in children's cognitive development. However, emotional gains in early intervention are as important, and may be more likely, than cognitive ones. New measurement techniques and programmatic research evaluating a model of emotional development could have implications for the screening and diagnosis of Head Start children, as well as for program evaluation.

Parents teach children about emotional expressions and situations, expression of emotions, and reactions to others' emotions. Children who can perceive causes of emotions, who talk about emotions, and who regulate their own emotions are more likely to succeed with peers. Both self-report and observational methodologies have been used to measure three important aspects of socialization of emotion: modeling, coaching, and contingent responses to children's emotions. Mothers reported on their expression of emotion, affect-tinged discipline encounters, and encouragement of the child's emotions. Microanalytic coding gave important information on maternal expression of emotions and reactions to the child's emotions. Language about emotion was collected during a situation in which mother and child discussed emotion-laden photographs and the mother simulated sadness and anger.

Children's understanding of emotions' expressions, situations, and causes was assessed during play. Children's emotions during free play were coded according to facial, vocal, and behavioral indices. Children's prosocial reactions to others' emotions also were coded. Teacher and peer ratings were utilized to evaluate children's overall social competence.

Maternal emotions were related to children's emotions both concurrently and in other situations. Results suggested a modeling of expressive styles (e.g., happier mothers had happier children), as well as an instrumental effect (e.g., maternal negative emotions appeared to be punishing stimuli).

Other data supported the assertion that maternal emotion socialization variables are associated with children's emotion knowledge (e.g., expressive mothers appeared to give children information about the depiction, eliciting situations, and personalized causes of emotions). The data also suggested, however, that more frequent, intense, negative emotion from mothers may disturb and disregulate children so that little is learned about emotions.

Aspects of maternal language about emotions, as well as attitudes about expression of emotion and discussing emotion, were related to children's emotions expressed in preschool and to children's emotion knowledge. Mothers who explained their sadness and anger and who reported talking about children's misbehavior, with an emphasis on affective induction, had children who better understood emotions. Those who reported feeling quite positive about their child and felt free to express emotions had children who themselves were happier and less angry. Children's emotional competence was related to their general social competence. Specifically, children who understood emotions were more well-liked, whereas children who regulated their emotions were seen by teachers as more socially competent.

This model and measures could be useful to assess both parent and child at Head Start entry, in order to plan interventions for both. Programmatic effect on these constructs could be demonstrated, and increasing emphasis on emotional competence could aid in creation of more specific, intentional emotional interventions for at-risk preschoolers.

Normative Child Development

Healthy Family Sexuality: Help for Parents of Preschool Children

Margie J. Geasler, Linda L. Dannison, Connie J. Edlund

Presenters: Margie J. Geasler, Linda L. Dannison, Connie J. Edlund

It has long been known that the transmission of parents' values and attitudes about sexuality, called sexuality socialization, is a major parental task and takes place whether parents are aware of these values and attitudes and choose to actively participate in sexuality education or are neglectful in the matter. While several studies point out the importance of the family's influence on the sexual health of offspring, few have investigated from the parents' perspective what is actually happening in the homes of preschool children. The purpose of this research was to obtain information that would ground the program design and maximize the program effectiveness of a sexuality education program for parents of preschool children.

This research utilized focus groups of 28 preschool parents — two groups of mothers and two groups of fathers — to obtain parental reports of topics or events frequently encountered in their homes that they identified as sexuality education. All were parents of at least one child aged 5 or younger; many were parents of older children as well. Sessions were taperecorded and later transcribed.

Analysis of the data disclosed the following results. Sexuality topics/events encountered most commonly in the home are nudity, language, safety, pregnancy and childbirth, touching genitals, and AIDS. Major themes of parental responses: (1) there is a need for sexuality education at the preschool level and these parents want to "do better" than their own parents had done; (2) parents are unsure about when, what, and how much information to give their children; (3) parents feel that societal phenomena (TV, the AIDS epidemic, cartoons, movies, etc.) are forcing them to take responsibility for educating their children about specific topics before they think the children are ready; (4) parents who appear comfortable with sexuality education for their own children are less comfortable influencing other peoples' children; and (5) there are gender differences with respect to comfort with touching genitals and responsibility as primary sexuality educator.

Further analysis of parental anecdotes suggested that many parents espoused values about sexuality education that they were not willing to act upon. For example, most parents expressed a desire for their child to accept and appreciate the child's body. However, only a few were able to allow genital touching, even in private; one mother reasoned the child might be "enjoying it too much."

The widely differing value stances represented in this sample of parents suggests that an effective sexuality education program would allow for individual family decisions based on parents' values and attitudes and their comfort level with sexuality socialization/education. Additionally, effective programs would help *both* parents clarify their own values, consider how they make value judgments, and determine how these judgments might impact their own and, ultimately, their children's behavior; identify comfort limits or boundaries beyond which individuals are uncomfortable in their sexuality socialization/education efforts; and select behaviors and language that might be used when they have reached their comfort limit but do not want to jeopardize future communication about a particular event or topic.

Normative Child Development

Attachment in Early Childhood: A Look at High-Risk Populations

Janet A. English, Harriet Oster

Presenters: Janet A. English, Harriet Oster

Attachment theory and research has flourished since Bowlby's work on the effect of maternal separation and loss on the developing child. Recent research has extended this work to explore symbolic, internalized representations of attachment in older children. The principle underlying these efforts is that early attachment experiences influence cognitive and emotional development. Indeed, research has shown that non-optimal attachment patterns are associated with disturbances in language functioning and perception and recognition of emotions.

This study investigated the interrelationship between attachment, emotion language, and emotion recognition in a high-risk population of children. It was predicted that securely attached children would more accurately recognize emotions and articulate their emotions with greater specificity and intensity than would their less secure counterparts. Because economically disadvantaged minority subjects have been underrepresented in studies of attachment, one goal was to examine these issues in a multiethnic, urban population. To accomplish this, a measure of separation reactions, originally developed by Hansburg and later modified for use as a measure of internalized attachment by Klagsbrun, Bowlby, and Kaplan, was modified and tested. The Separation Anxiety Test (SAT) consists of drawings depicting children in a range of separation situations from their parents. In this study, the pictures were modified to reflect an urban, multiracial population. The SAT transcripts yielded language data as well as attachment ratings.

Thirty-five 5- to 7- year-old children from two multiracial public day care centers participated in this study. The SAT was used as a measure of overall security of attachment. To investigate emotion recognition, Camras, Grow, and Ribordy's Emotion Recognition Task was administered. In this task, subjects were asked to choose a pictured facial expression to match a story. To control for language proficiency, the Vocabulary subtest of the Wechsler Primary Pre-School Intelligence Test (WPPSI) was used.

Unexpectedly, both attachment ratings and emotion recognition scores were significantly correlated with age and vocabulary. Younger children had lower attachment ratings than did older children, and children with high vocabulary scores were rated more secure than those with low vocabulary scores. A multivariate ANOVA revealed that age was the most significant variable accounting for differences in attachment. Multiple regression analysis revealed vocabulary to be the most significant predictor of emotion recognition. As expected, attachment status significantly predicted children's emotion language, with securely attached children more able to articulate emotions than their less secure counterparts.

These findings lend themselves to several interpretations. Possibly, the two measures used were disproportionately dependent upon verbal skills and therefore reflect differences in linguistic competence, not emotional development. Alternatively, it has been suggested that security of attachment enhances cognitive and emotional development, thus facilitating language development and emotion perception. This would account for the relationship between emotion language and attachment. In conclusion, the findings suggest that measures of childhood attachment based on language may need to be reexamined to ensure that they adequately reflect the child's cultural and social context.

Normative Child Development

Maternal Contributions to Preschoolers' Event Representations

Carol Andreassen, Janice L. Genevro, Cheryl Baggeroer

Presenters: Carol Andreassen, Janice L. Genevro, Cheryl Baggeroer, Deborah McMakin, Marc H. Bornstein

According to Nelson's event theory, children's earliest mental representations are of routine events (e.g., lunch) and are acquired through experience. Typically, events and event representations are organized into temporal-causal sequences of behavior, with clearly identifiable main, beginning, and ending acts. Event representations, Nelson claims, are the basic building blocks of cognitive development; as children process these event representations further, they create higher order representations (e.g., concepts and categories), as well as scripts that specify the sequence of actions within an event. This study investigated maternal contributions during joint picturebook-reading to children's mental representations of a routine event, as depicted within the book. The premise is that mothers contribute to children's event representations by providing the goal of the event, by eliciting information about the goal outcome from the child, and by making explicit links to the child's past experience.

Eighty-five child-mother pairs, participants in an ongoing longitudinal study, visited the laboratory when the children were 48 months old. Verbal subtests of the WPPSI-R were administered. Children's knowledge of lunch was assessed using Nelson's script interview: "What happens when you have lunch?" is followed by several increasingly specific probes. The mother was then invited into the playroom and read her child a picturebook about a year-old baby left in the care of the family dog during the mother's absence. Nine pictures portray the dog giving the baby lunch. Verbatim transcripts of children's event interviews and mother-child bookreading were obtained. The lunch interview was coded using measures prevalent in the literature. Mothers' speech during bookreading was coded using criteria developed by Trabasso et al. Mothers' verbalizations linking the events in the storybook to the child's own past experience were also coded.

Five separate hierarchical regression analyses were conducted for five dependent variables: the child's number of total lunch acts reported; the child's longest sequence of acts; the number of acts spontaneously reported; the report of a main act; and the child's construction of a general event representation (vs. recalling a specific lunch). To control for verbal ability, the child's Verbal IQ score was entered into each equation first. Maternal links to the child's past experience were entered second. The ratio of children's answers to maternal requests for elaborations of acts was entered third.

Analyses revealed that (1) children's acquisition of a general event representation for lunch and (2) the reporting that eating is the main act were best predicted by children's responses to maternal act elaboration questions. Furthermore, children's spontaneous reporting of lunch acts was significantly predicted by maternal links to past experience, with the contribution of children's responses to act-elaboration questions nearing significance. The number of acts in children's longest sequences, however, were best predicted by verbal IQ scores. Results were discussed in terms of mothers' role in structuring and organizing children's understanding of the goals and outcomes of events, which may be prerequisites for the development of planning skills.

Normative Child Development

Young Children's Drug Knowledge *Janelle Von Bargen, Jan Allen*
Presenters: Janelle Von Bargen, Jan Allen

Concern about drug knowledge and drug use in young children has increased, and it is widely recognized that children's attitudes towards drug use are formed in the preschool years. Yet there has been a lack of research attention to young children partly because of the methodological problems in assessing their drug knowledge. The purpose of this study was to describe a pictorial test and a verbal test to measure young children's drug knowledge and attitudes. The instruments were developed as part of a larger drug education project with children, aged 3 to 5, in a Head Start program and children, aged 6 to 8, in a Boys and Girls Club. A second purpose was to describe the results of a year-long drug education and intervention program with the children.

The drug education and intervention program, One-to-One: Tennessee Volunteer Mentoring Project, involved pairing an undergraduate student at the University of Tennessee with a child, aged 3 to 8, and the child's family. Students spent at least 5 hours per week with the child in educational, social, and recreational activities. Specific curriculum activities included during each week of mentor-child interaction focused on drug knowledge and behavior, self-esteem, health education, citizenship education, decision-making, career education, and stress management. A matched group of children from the project's waiting list served as the control group.

Two instruments were developed to measure children's drug knowledge and attitudes. The Pictorial Drug Knowledge Interview with Children (PDKIYC) consisted of 11 pictures: glue, syringe, cocaine, cola, cigarettes, paint, prescription drugs, marijuana, wine and whiskey, freon, and beer. Photos were numbered and shown to each child, who was then asked, "What is the name of this?" Next, all of the pictures were placed in front of the child and the child was instructed, "Tell me anything you want to about any of these pictures." Third, the photos were picked up, shuffled, and placed in front of the child. The child was asked, "Are any of these pictures of drugs?" Finally, the photos were collected, shuffled, and placed in front of the child again. The child was asked, "Are any of these bad?"

Children's responses resulted in multiple scores for each child, including a score for drug knowledge and scores for the ability to identify drugs, label drugs, describe a drug's use, identify its dangers, and describe sources for obtaining drugs. A second instrument, the Verbal Drug Knowledge Interview with Young Children (VDKIYC), was designed to be used as similarly as possible to the PDKIYC in methodology, with the exception that the children were asked to discuss substances by name rather than by picture. The same substances that were pictured were discussed one at a time, and for each the child was asked four questions: What do you know about ______? Are there other names for this? What things do people do with ______? Can this hurt someone? The VDKIYC was scored in the same way as the PDKIYC.

A comparison of mentored and control group children on the PDKIYC pretests revealed no significant difference in total scores or scores on any of the subcategories. The pre- and posttest scores for the mentored children showed significant increases in total scores on the pictorial test but not on the verbal test. Specifically, they revealed increases in their knowledge of drug labels and the dangers of drug use (cocaine, prescription drugs, and marijuana). Posttest scores showed no significant increases in any of the above categories on either test for the control group.

Normative Child Development

Directing Attention at Home and at School: Relating Words to World

Patricia Zukow-Goldring

Presenter: Patricia Zukow-Goldring

Infants who are learning to talk have something in common with preschoolers and kindergartners. At home and at school, all are novices immersed in new and unfamiliar cultures. All of these children must come to detect patterns in what, at first, is a seamless, continuous flow of perceptual information.

Investigations of the emergence of the early lexicon and of achieving consensus in early classrooms illustrate the theoretical underpinnings grounding this approach. A neo-Vygotskian perspective provides a means to examine the contribution of the interactional setting to children's emergent abilities, while an ecological approach suggests a way to explain the child's detection of the information transmitted. Empirical evidence from research investigating the emergence of the lexicon illustrates how caregivers use gestures to clearly mark the relation between what is being said and what is happening. The shared focus of attention engendered by the gestures is related to the infant's eventual appreciation of linguistic conventions. These findings suggest that more gesturing, not less, should facilitate comprehension of verbal messages when students do not immediately understand what the teacher has said. Just the opposite may occur in many urban classrooms.

This study has drawn examples from a series of intra- and intercultural studies conducted in the U.S. and Mexico among Latinos, Euro-Americans, and Mexicans to illustrate the generality of the findings. Naturalistic videotapes of everyday interaction were collected in the homes of language-learning infants and in preschool and kindergarten classrooms. All instances of perceptual imperatives, such as *Mira!* (Look!) and *Oi!* (Listen!), initiated by the caregiver/teacher and directed to the target child were collected along with any accompanying attention-directing gestures. During attention-direction interactions, the child's task is to detect which possibilities or prospects in the ongoing interaction are being perceptually specified by the caregiver. The gestures used to direct attention differ along a dimension from complete guidance by the caregiver/teacher to self-regulation by the child.

The pattern of effects supported the view that problematic understandings, situations in which communication breaks down, can be resolved by provision of gestural information that directs attention to the relation between what is being said and what is being done. Teacher attention-directing messages accompanied by gesture were associated with greater consensus. Note, however, that Latina/o teachers whose cultural heritage is similar to that of their students produced significantly more messages with gesture. While these gestures are available to Euro-American teachers as well, fewer of their messages were accompanied by gesture. These results confirm that providing additional perceptual information through gesture resolves message ambiguity and promotes shared meaning. It is speculated that the root of persisting miscomprehension appears to be rather general and not cultural; it is due to the teacher being a non-native speaker rather than a native speaker.

Effectance Motivation among Low- and Middle-Income Young Children

Marguerite E. Malakoff, Edward Zigler, Nili Perlmutter
Presenter: Marguerite E. Malakoff

This presentation reported the results of two preliminary studies examining the effects of inner-city environment on the development of effectance motivation.

A first exploratory study compared performance of first and second graders from inner-city and middle-class neighborhoods on different measures of effectance motivation. These included curiosity for novel stimuli, preference for challenge, and mastery for the sake of competence. The participants were 40 children equally distributed among the four groups. The measures were game-like activities similar to measures developed by Susan Harter and used in previous studies of effectance motivation. The results from this study suggest that economically disadvantaged inner-city children display lower levels of effectance motivation when faced with cognitively-oriented tasks. Of particular interest, however, is the fact that the difference between lower and middle-class children was more pronounced in the second grade than in the first, suggesting that the difference may increase with age.

A second study was designed to examine the effect of the Head Start experience on the development of motivation. The results reported here are based on 30 preschool children equally distributed in three groups: 10 children in Head Start, 10 children in middle-class day care settings, and 10 children on the Head Start waiting list who did not participate in the program. All children were matched on age and gender. Children were seen in the spring prior to entering kindergarten. Measures used were similar to those used in the previous study. Specifically, these were: a measure of curiosity, two measures of preference for challenge, and a measure of persistence at task. In addition, a standardized measure of language ability was included (the Peabody Picture Vocabulary Test-Revised).

Preliminary data suggests differences between inner-city Head Start and middle-class children on a number of measures. Levels of curiosity showed effects both for environment and Head Start experience. Inner-city children who had not attended Head Start showed significantly lower levels of curiosity than did their peers who had attended Head Start. Both groups showed significantly lower levels of curiosity than middle-class children. Head Start also affected preference for challenge: non-Head Start inner-city children chose easier tasks (when given free choice) than did both Head Start students and middle-class children. There were no differences between these latter two groups. As expected, language showed a significant effect for environment: both inner-city groups showed significantly lower levels of language ability than did their middle-class peers. Finally, reward preference showed a significant effect: 70% of the Head Start students, and 50% of the middle-class children, chose a certificate over cookies. However, only 10% of the non-Head Start inner city children chose the certificate. These findings suggest that environment affects motivational factors that are related to later school success and that Head Start experience has a positive effect on the development of some of these important factors.

Normative Child Development

Pretend Play by African-American Children in Head Start

Lisa Weinberger, Prentice Starkey
Presenter: Lisa Weinberger

This project examined the play of 4-year-old African-American children from impoverished families. The following questions were addressed: (1) What are the prevalent types of play exhibited in the classroom and playground? (2) Contrary to previous reports, do impoverished children engage in pretend play? How much? (3) What types of pretense are present? (4) Does play-area design influence the frequency of children's play types? (5) Do gender differences exist?

The subjects were 21 children enrolled in Head Start. Observations were made during free play in the classroom playhouse, block areas, and the play yards. Play episodes were videotaped and scored for cognitive play type (functional, constructive, pretend). Functional play (e.g., jumping and climbing) was both the most common and longest lasting type; pretend play (e.g., doll feeding) was less common; and constructive play (e.g., building a block structure) was least common.

Pretend play by children varied in form and content across episodes. Pretense was categorized by level: self-referenced, other-referenced, and sociodramatic, in which the child engages in role play with others. Children used self-referenced actions, other-referenced actions, and sociodramatic enactments in, respectively, 21%, 36%, and 26% of their pretense episodes. Children utilized replica objects (e.g., toy dishes), and they frequently invented or elaborated objects as needed in the pretense episode. Overall, more incidents of elaboration (198) than replica use (168) were found. Children's predominant play type depended on their current play area. Most (48%) functional play episodes occurred on the climbing structure; most (84%) constructive play occurred in the block area; and most (71%) pretend play occurred in the play house. The only gender difference was that girls spent more time in sociodramatic play than boys.

In summary, children exhibited the competence to engage in all three cognitive play types. When pretense occurred, quality was high. The majority of children engaged in at least some sociodramatic play. This contrasts with Smilansky's view that low-SES preschoolers require a special intervention to become able to engage in sociodramatic play.

In order to identify episodes of pretend play, a somewhat different set of criteria was used that proved to be more sensitive than the standard criteria used by Smilansky and others. Smilansky reported that only 11% of low-SES (Israeli) children engaged in sociodramatic play. The discrepancy between her findings and those presented here stems at least in part from her stringent criteria. Six criteria, including an episode-persistence criterion of 10 minutes, had to be satisfied for a play episode to be scored as sociodramatic. When the 10-minute episode persistence criterion was applied to this data, no episodes were scored as sociodramatic. Thus, Smilansky's convention is based on arbitrarily stringent criteria.

It is also evident, however, that the amount of pretend play exhibited by the children in this study was less than the amount exhibited by middle-class African-American children (e.g., Rosen). Determination of why pretense occurred less frequently requires an examination of classroom variables such as the placement of play areas, teachers' scheduling of activities, and teacher behaviors, attitudes, and expectations about play. It will also be necessary to study children's play in settings outside of the classroom to establish whether the amount of pretense at home or elsewhere differs from the amount observed in the Head Start classrooms.

Correlates of Long-Term Positive Outcomes in Head Start Children

Daryl B. Greenfield, Susan Gold

Presenter: Daryl B. Greenfield

The University of Miami/Dade County Head Start and the Dade County Public Schools are involved in a number of collaborative projects focused on improving long-term positive outcomes for Head Start children and families. The University's role has been to develop applied research initiatives that directly link with service needs of Head Start children and families. Ongoing projects currently include an NSF minority fellowship to support work on emergent literacy; a Head Start research fellowship to study internalizing problem behaviors; development of a contextually based classroom assessment procedure for identifying at-risk Head Start children in kindergarten; a site for the National Head Start/Public School Transition Demonstration Project; and a large-scale database linkage study that is longitudinally tracking cohorts of Head Start children and families into elementary school.

This presentation focused on the large-scale database project that links data from three sources: (1) Dade County Head Start, the 11th largest Head Start program in the U.S., serving an ethnically diverse population of over 4,000 low-income families (black, e.g., African American, Jamaican; Hispanic, e.g., Cuban, Nicaraguan; and Haitian); (2) Dade County Public Schools, the fourth largest school district in the U.S.; and (3) The University of Miami. Data are being collected on successive cohorts of children graduating from Head Start beginning in 1989. The purpose of the study is to create a large, longitudinal, multiple-cohort descriptive database to develop and test hypotheses to account for successful elementary school outcomes for Head Start children and families. Each cohort contains over 1,500 children who attended Dade County Head Start and are currently enrolled in Dade County Public Schools. These data will allow researchers to longitudinally track Head Start children's performance across the early elementary school years and identify factors that produce positive patterns of school performance.

Data collected in the present project provide an essential foundation for all of the Head Start research projects listed above. These research projects involve intensive data collection and/or intervention focused on a subset of Head Start children and families. The large core of descriptive data available from the present project allows researchers to compare characteristics of the smaller sample projects with the larger group of children and families who have participated in Head Start in Dade County. Second, the impact of any intervention that is initiated while children are enrolled in Head Start can be assessed for long-term school success within the larger context of all Head Start children enrolled in Dade County Public Schools. Finally, since the data from the large-scale project are correlational, factors that produce positive patterns of school performance are identified using multiple regression techniques. To provide stronger causal inferences, smaller scale studies that allow more direct manipulation of factors are needed. Thus, the present study serves the function of generating hypotheses to account for long-term positive outcomes that can then be additionally tested in a more directed, causal fashion.

Head Start Teachers' Facilitation of Children's Language: Their Beliefs and Practices *Miriam W. Smith*

Presenter: Miriam W. Smith

Prior research in Head Start classrooms has indicated that the quality of the language environment influences children's later language and literacy development. Some specific features of potentially facilitative classroom interaction include opportunities for teachers and children to work regularly in small groups, engage in cognitively challenging conversations, have analytical discussions about books, and hear relatively unusual vocabulary. In an extension of this ongoing work, the present study described teacher-child interaction in more detail and linked teachers' interactive and pedagogical practices with their philosophical beliefs about the importance of fostering early language and literacy development.

This presentation interweaved qualitative and quantitative profiles of two Head Start teachers and related their beliefs and classroom practices to the broader corpus of 34 teachers being studied. It began with the teachers' own words about the importance of facilitating children's language in the classroom and their stated techniques for encouraging language and literacy development. Because the teachers mentioned particular activity settings (e.g., free play, meal time, small-group time), quantitative profiles of how time was used within each of the classrooms, relative to the full sample, were offered. Then, for two of the activity settings (free play and large-group time), quantitative analyses of the specific types of talk that all of the teachers and children engaged in, along with profiles of the two Head Start teachers' interactional patterns and samples of their actual classroom discourse, were provided. These analyses demonstrated the relative frequency with which teachers and children engaged in different types of talk, some of which are known to facilitate children's language and literacy development, others of which are of lower cognitive demand.

Conducting research that offers both a broad quantitative perspective and a more narrow, qualitative perspective on classroom interaction has several advantages. First, discovery of broad patterns of pedagogical beliefs, time use, and actual interaction across a large number of classrooms enables one to generalize to a broader population of teachers working in Head Start classrooms and to suggest potential areas of strength and areas in need of improvement. Second, by directly discussing with teachers their beliefs and practices and connecting these with actual interaction, a fuller picture of the teachers emerges, and an inclusive research process is developed. This process allows researchers unusual access to the minds and hearts of teachers and may lead to teacher-researcher partnerships that are beneficial to Head Start children. Finally, because this study is part of a larger, longitudinal project, it will eventually be possible to connect many of the factors from children's preschool experience with their later functioning in academic and social situations, providing further evidence of activities and interactions that facilitate language and literacy development.

Out-of-Home Child Care

Developmental Outcomes of Participation in Preschool Programs in Comparison to Head Start, Group Day Care, and No Group Care Experience

Ellen Peisner-Feinberg, Donna M. Bryant, Richard M. Clifford
Presenter: Donna M. Bryant

Based on encouraging results from longitudinal studies of early intervention with high-risk children, preschool programs for at-risk children are increasingly being conducted by public schools. This presentation reported data on the quality and effectiveness of the public preschool program in one state, including comparison groups of children who attended Head Start, other child care programs, or no group child care.

Five sources of data were used: (1) surveys of 128 public preschool teachers and 42 administrators; (2) observations of 63 randomly selected public preschool classes; (3) teacher ratings of over 1,000 public preschool children who attended those 63 classes; (4) teacher ratings of four groups of kindergarten children based on their previous preschool experience (public preschool, Head Start, other group day care, and no group day care); and (5) individual standardized assessments of the four groups of kindergarten children (total $N = 592$). Children in the comparison groups (Head Start, other day care, no day care) were randomly selected from the class lists of the kindergarten classes attended by the public preschool children and were matched by gender. There was an attempt to match by SES by including only children who were eligible for free or reduced-price lunches, indicating a relatively poor family income.

The Early Childhood Environment Rating Scale and the Five-Minute Interaction were used to rate the classrooms. Preschool teachers rated children using the Vineland Adaptive Behavior Scale and the Adaptive Social Behavior Inventory. Kindergartners were rated by their teachers using the Social Skills Questionnaire and the Vineland Communication Domain. Kindergartners were assessed with the reading and math subtests of the Woodcock-Johnson Test of Achievement and the Peabody Picture Vocabulary Test-Revised.

Results from the descriptive aspects of this study, including screening practices of the preschool programs, populations served, availability and access to other resources, and curriculum and training were presented. Observation data indicated that the majority of the public preschool programs were developmentally appropriate or were deficient in just a few areas. Programs that had a more structured family-focused aspect were somewhat more developmentally appropriate. Observations of teacher-child interactions did not differ between standard classes and the more family-focused classes. In general, teachers asked many direct questions and very few open-ended questions, although in classes rated more highly the teachers did ask more open-ended questions.

As rated by their teachers, public preschool children were functioning well below the norm both in the fall and the spring of their preschool year, although some small gains were made during the year. No main effect was found for classroom quality on children's outcomes in preschool, possibly due to the relatively high quality of most of the preschool classes and a restriction in range of ECERS scores.

In the fall of kindergarten, both child assessments and teacher ratings indicated that children who attended other community child care programs scored consistently higher than did public preschool and Head Start children who were generally not different from each other. Children who attended no program scored consistently lower. Results were discussed in light of knowledge about length, duration, and type of community child care compared to Head Start and public preschool.

Out-of-Home Child Care

Descriptive Study of Family Child Care in the Head Start Context *Lorelei Brush, Carol Copple, Sharon Deich, Renee Sherman*
Presenters: Lorelei Brush, Carol Copple, Sharon Deich, Renee Sherman

From the beginning, Head Start has been a comprehensive services program for children and families. However, with an unprecedented expansion in the mid-1980s, increased services to infants and toddlers, and a goal of reaching the poorest of the poor, grantees have faced a variety of challenges, including (1) locating appropriate space; (2) serving rural areas with relatively small numbers of eligible children; (3) enhancing parent involvement; (4) providing more individualized services for particular children; and (5) meeting the needs of parents who wish to have siblings enrolled in the same location. A number of grantees have addressed these challenges by providing Head Start services through family child care homes. To begin evaluating the appropriateness of this model for broader implementation, the Head Start Bureau funded a descriptive study of Head Start family child care homes.

In the 1991-1992 program year, 13 grantees were providing family child care in a total of 83 homes. To collect needed information, the study team reviewed grantee and program file information and visited each site to interview grantee staff, conduct focus groups with providers and with parents, observe family child care homes, and review records of participating families.

Study findings include the following: (1) Most grantees were providing the requisite services in education, health/mental health/nutrition, social services and parent involvement. (2) The number of homes operated by a grantee had no impact on the delivery of services. Comprehensive Head Start services were effectively delivered by grantees operating as few as one or two homes as well as those directing over 20 homes. (3) Large group homes (up to 12 children), if staffed with two adults, were a viable alternative to nongroup homes (up to six children) for providing developmentally appropriate, child-centered learning. (4) To meet the needs of most working parents or those in full-time training, family child care homes need to operate 10 to 12 hours a day on a year-round basis. (5) The majority of grantees served Head Start children in homes where non-Head Start children were also served. (6) While experienced, energetic, well-organized providers seemed to be able to handle the many responsibilities of the job, such individuals were not easily found, and burnout was an issue. (7) Qualifications most closely linked to successful supervision of the family child care program were a background in early childhood education and previous experience with the Head Start program. (8) Providers and grantee staff perceived training as a major benefit of being a Head Start family child care provider. (9) No specifically identifiable models of family child care homes emerged. Individual variation, rather than distinct models, were the norm.

Study findings describe the grantees, homes, providers, and services offered through family child care and isolate the features of the grantees, providers, and homes related to the provision of comprehensive, quality Head Start services. Conclusions and recommendations offered to the Head Start community concern characteristics that help ensure that high-quality, comprehensive, developmentally appropriate services are provided to children and families through family child care.

Out-of-Home Child Care

Sesame Street Preschool Educational Programs: Linking Families and Day Care

Iris Sroka, Myra Ozaeta

Presenter: Myra Ozaeta

To help meet the increasing demand for quality, educational child care materials and training nationally, the Sesame Street Preschool Educational Programs (PEP) have been developed for preschoolers and their child care providers. Children's Television Workshop (CTW) is now developing a Sesame Street PEP Program for Families. Both programs have as their particular focus economically disadvantaged and minority children and their families. The programs are based on active viewing of Sesame Street, storybook-reading, and related activities designed to stimulate the natural curiosity of young children to help prepare them for school. When implemented, the programs represent a collaboration among local partners, including public television stations, community organizations, child care professionals, families, and Children's Television Workshop (CTW).

These programs have been conceptualized and developed as a result of a unique cooperation between content, materials, and program specialists and researchers. An ongoing program of research has played an important role in shaping Sesame Street PEP by investigating the needs of children in day care and their adult caregivers and examining the use of Sesame Street PEP at every stage of its development. This research and the literature emphasize the quality of interaction in day care as an important factor in preparing children for school. Sesame Street PEP trains child care providers to use active techniques to view Sesame Street and read storybooks with their children in an effort to promote quality interaction in the day care setting. The providers receive materials to support this interaction.

One of the greatest challenges has been the development of Sesame Street PEP Program for Families. Research has found that family involvement with the child's day care experience is important to families and child care professionals, but often lacking. The Sesame Street PEP Program for Families intends to link day care and families by encouraging families to engage in the kinds of interactions Sesame Street PEP promotes in day care. Like Sesame Street PEP for child care professionals, the Program for Families as it is currently envisioned involves three basic components: Using Television as an Educational Tool, Reading With Your Child, and Family Activities and Teachable Moments. The materials from the Family Activities and Teachable Moments component may be extended into a family literacy program in the future, with the working title, "The Family Agenda," for implementation by family literacy agencies. The Family Agenda handbook may be distributed through Sesame Street PEP's local partners and other national family literacy organizations to agencies that provide adult education programs.

The Sesame Street PEP Program for Families offers the opportunity to study how training and materials can mediate and link children, their families, and their child care providers. This presentation looked at the research that is guiding the development of the Program, as well as the plan for future research to determine the effectiveness and educational value of the Sesame Street PEP Program for Families.

Out-of-Home Child Care

Children's Time in Nonparental Care *Jutta M. Joesch, Susan L. Averett*

Presenter: Jutta M. Joesch

Issues surrounding child care have been receiving increased attention as more mothers of young children have been joining the labor force. While information is available on the relationship between nonparental care, children's development, and women's labor supply, very little is known about the length of time children actually spend in nonparental care arrangements. This lack of information is particularly troublesome given the controversy over the impact of nonparental care on children's social, emotional, and cognitive development.

This study investigated how much time children spend in nonparental child care arrangements and factors that are important in predicting these hours. The analysis is based on information from over 6,000 children under the age of 6 in the 1988 Child Health Supplement to the National Health Interview Survey (NHIS-CHS). The NHIS-CHS collected information from one randomly chosen child under age 18 per family. This data set is more representative of all child care users than most others in that it contains information for families with working and nonworking mothers. A disadvantage of the data set is its lack of price and wage rate information.

The results indicate that in 1988 about half of all children attended nonparental child care regularly. This percentage varies considerably by mother's labor force status, but families with working mothers are not the only users of nonparental care. Almost one quarter of children whose mothers are not in the labor force also attended nonparental care.

Average time in nonparental care for all children is 15.6 hours per week. Of the children in care, 26% are there for 15 hours or less, approximately 20% for 40 hours, and 24% for over 40 hours. This implies that close to a quarter of the nation's children under the age of 6 spend 40 or more hours a week in the care of somebody other than their parents or siblings, not counting kindergarten attendance.

The results also indicate that mothers' work time is not a good approximation of nonparental child care time. For 26% of the children with mothers in the labor force, mothers' work time was 5 or more hours longer than children's care time, and 20% of the children spent 5 or more hours longer in care than their mothers did at work.

Multivariate Tobit estimates suggest that children spend more time in nonparental care if they are older, if their mother has more education, is single or remarried, lives in a large city or an area with a higher unemployment rate, and if a grandparent lives in the household. More family income, more siblings under the age of 12, and mothers' serious health limitations are associated with less nonparental care time. Race was not found to be associated with time in nonparental care.

A separate analysis based on the sample child's age indicates that single mothers use fewer hours of nonparental care when their child is under 2 years of age. A test of whether using nonparental care at all is decided differently than the hours decision indicates that the Tobit model is appropriate.

Role of Classroom Factors on School Adjustment and Social Competence

Sandra Machida, Angela R. Taylor
Presenters: Sandra Machida, Angela R. Taylor

This presentation summarized the results of a pilot study examining the role of classroom factors on school adjustment and social competence. The pilot study was part of a larger investigation of protective factors that may buffer at-risk Head Start children. The role of classroom processes in contributing to school progress over the Head Start year was examined. Eight Head Start classrooms were assessed using four measures of classroom quality. Specifically, overall program quality, presence of developmentally appropriate practices, quality of teacher-child interaction, and type and frequency of teacher-child contact were measured. These factors were compared to maternal education and involvement in Head Start activities in predicting four child outcome measures: school adjustment, perceived competence, task orientation, and considerateness.

Subjects for the study were sixty 3- and 4-year-old children (53% male; 62% non-Hispanic white) enrolled in eight Head Start classrooms in a rural county in northern California. In addition, 14 teachers were observed in the eight classrooms (eight lead and six assistant teachers). The average number of years in preschool teaching was 8.5 years, with the average of approximately 20 units taken in early childhood education and development. Overall, classroom quality was assessed by using observational measures rather than teacher report. The total score for the Early Childhood Environment Rating Scale (ECERS) was used to assess the day-to-day quality of education and care provided to the preschoolers. Teacher-child relationships were rated using an adapted version of the Arnett Global Rating Scale. A subscale of 11 items was rated on a 4-point scale. Additionally, the level of developmentally appropriate practices was assessed using the Classroom Practices Inventory (CPI). Two components were assessed in the CPI: activity focus and emotional climate. These three observational ratings were made after two 1 1/2 hour sessions of continuous observations of all the teachers. Type and duration of teacher-child contact were sampled using 20-second intervals for 3 hours for each teacher. Observations were divided into instruction (e.g., teacher giving information, asking yes/no questions, asking extended questions, reading), positive/social, and discipline control. Teachers were observed during group time or other times when they were with the children.

Step-wise regression techniques were used to account for change from fall to spring by using the fall score as the first criterion variable. Maternal education and involvement were entered next in the regression analysis. Finally, the classroom process variables were entered to determine the change in variance in predicting child outcome measures. The fall criterion score accounted for most of the variance in the spring scores for all four child measures. Neither the maternal nor the classroom variables increased the amount of variance accounted for in the model.

The lack of findings should be regarded with caution. Given the small number of classrooms (8), interpretation of the results is preliminary. Clearly, further study is needed.

Out-of-Home Child Care

What is High Quality Child Care? Views of Low-Income Women

Susan D. Holloway, Bruce Fuller, Marylee Rambaud, Costanza Eggers
Presenters: Susan D. Holloway, Bruce Fuller, Marylee Rambaud, Costanza Eggers

Current efforts to shape child care policy in the U.S. have focused heavily on low-income families. Yet, while researchers and policymakers debate issues of affordability, availability, and quality, the views of parents themselves are rarely heard. With a few exceptions, parents' views about child care have been assessed primarily with brief questionnaires. These surveys can only scratch the surface of the rich patterns comprising parents' childrearing ideology.

In this qualitative longitudinal study, 14 low-income women were followed over a 2-year period as they found and maintained child care arrangements. They communicated their childrearing goals, views of their role as mothers, and images of high-quality child care and the strategies they used to obtain it.

The 14 women in the sample ranged from 23 to 36 years, and each had at least one child between the ages of 2 and 5. Four were Latina, four were Anglo American, and six were African American. Two were unemployed, two were full-time students, and the rest were employed. Three interviews were conducted at roughly 9-month intervals. The interviewer had a list of general topics to pursue, but began with very open-ended questions in order to give the parent the lead in defining salient issues. After the second interview, observations were conducted at the child's chiid care setting. Mothers were also asked to keep a diary. All data resulting from interviews and informal contacts were transcribed verbatim and coded. The coding scheme evolved as the data collection progressed. It contained emic and etic categories to tag the concepts emerging within each of the central questions. Subsequent interviews provided an opportunity to probe further into emic concepts and emerging themes.

The focus here was on the connection between childrearing goals and criteria for evaluating child care. With few exceptions, the women wanted their children to respect authority, to become independent, and to gain skills that would help them succeed in school. Analysis revealed what mothers meant by these goals. For example, the purpose of encouraging independence, for the majority of women, was not to boost the child's self-esteem, but rather to assure the child's literal survival if something were to happen to the parent, to lessen peer influence, or to lighten maternal responsibilities. Second, how the social context gave rise to the goals was looked at. For example, mothers' own experiences in inferior schools were integral to their push to obtain admission for their children in religious or suburban schools. Third, the role that mothers expect child care providers to play in furthering those goals was examined. It was found that women's expectations about school preparation extended beyond a desire that children learn concrete facts; they recognized the importance of social skills, as well as general knowledge, and interest in books and printed material.

This study highlights the diverse views women hold concerning "appropriate" care for young children. Such diversity suggests that *multiple* models of appropriate care must be developed.

Out-of-Home Child Care

Maternal Childrearing Practices with Preschoolers: Relationship to Infant/Toddler Care Patterns? *Alice S. Honig, KyungJa Park*

Presenter: Alice S. Honig

This study addressed the question: Are there possible differences in parenting style beyond the infancy period that are associated with early infancy placement into full-time nonparental care?

Parenting styles, reported via the Parenting Dimensions Inventory (PDI), were determined for 105 middle-class families of preschoolers. Children in Group 1 had full-time nonparental care beginning prior to 9 to 12 months; Group 2 had full-time nonparental care beginning after 9 to 12 months; Group 3 had no full-time nonparental care prior to 36 months. The Slater & Powell PDI consists of 47 items that assess eight parenting dimensions on 6-point scales.

Five of the constructs applicable to preschoolers were scored for this study: nurturance, responsiveness to child input, consistency, amount of parental control, and type of parental control. To test whether there were any differences in maternal childrearing practices as a function of early child care history and sex of child, 2 *x* 3 (sex *x* group) ANOVAS were conducted.

Mothers of the 53 boys and 52 girls did not report differential parenting practices as a function of sex of child or group care history, and no significant sex *x* group interactions were found. Mothers of infants who had begun full-time child care earlier or later did not differ on: nurturance, responsiveness to child input, consistency of care, amount of parental control, or use of physical punishment or scolding. However, significant group differences were reported for some of the PDI dimensions that specify type of maternal control. Mothers of Group 1 and 2 children reported significantly greater use of "reasoning" techniques with their children ($M = 14.4$; $M = 14.2$) compared with mothers of Group 3 children ($M = 13.4$; $F[2,90] = 4.25$, $p < .05$). When they disciplined their preschoolers, Group 1 and 2 mothers whose infants and toddlers had begun full-time child care prior to 36 months were significantly more likely to "remind their child of rules" than mothers of Group 3 children ($M = 13.0$, $F[2,90] = 3.64$, $p < .05$).

Further analysis by means of a hierarchical regression model evaluated contributions of early group care, sex of child, and family measures to aggression rated by preschool teachers and by observers from videotapes on free play. Group status was a trivial contributor (only 1 to 2% of preschooler aggression). Of maternal style variables, two affected aggression; low maternal responsiveness to child input and low maternal control contributed respectively to 6% of observed and 7% of teacher-rated variance for child aggression. Parents in this sample scored near ceiling on nurturance ($M = 32$ out of a possible 36 points) and on responsivity to their preschoolers ($M = 22$ out of a possible 24 scale points). In this sample of middle-class families, early entry into full-time nonparental infancy care showed no aversive effects on later parenting discipline and childrearing techniques during the preschool years. Mothers who chose early full-time infancy care may have tried deliberately to "make up" for their daily absence by use of more inductive patterns of childrearing and disciplining.

Out-of-Home Child Care

In the Eye of the Beholder: The Effects of Child Care on Mother and Child Functioning *Julia L. Schumacher, Marsha Weinraub*

Presenters: Julia L. Schumacher, Marsha Weinraub

It is critical to understand both the sources and types of support that employed mothers depend upon to help buffer the daily stresses involved in combining the roles of mother and employee. The research has so far overlooked a possible benefit of quality child care for mothers balancing the demands of paid employment and family life: specifically, the social support that the child care experience supplies to busy mothers. This study was designed to assess the degree to which mothers' perceptions of social support from their child care, and also the observed quality of the child care experience, related to mother and to child functioning.

Questionnaires were distributed to 375 mothers in nine child care centers. Ninety-six mothers returned the questionnaires. All mothers had a child aged 12 to 36 months in a child care center for at least part of each week. All were employed (76% more than 35 hours per week) and earned an average of $26,000 to 30,000 per year. The mothers had a mean age of 32.69 years (SD = 4.41) and a mean education level of 16.28 years (SD = 2.31). The women had an average of 1.48 children.

The study used the following measures: (1) The Child Care as a Social Support Scale 2 (CSS2) by Schumacher, Belsky, Weinraub, and DeMeis was used to assess mothers' perception of the emotional component of the social support they received from their child care center. (2) Maternal functioning was assessed with the modified form of the Center for Epidemiological Studies' Depression Scale (CESD), which measures symptoms of depression in community populations. (3) To assess child functioning, the Sleep Habits Questionnaire for Toddlers by Crowell, Keener, Ginsberg, and Anders, a behavioral scale that measures problem sleep behaviors, was used. (4) Characteristics of center quality were assessed with the infant and toddler versions of The Quality Assessment Profile for Early Childhood Programs by Abbott-Shim and Sibley. Mothers completed the above first three questionnaires and a background information form at home and returned them by mail. At the four largest centers, a researcher observed and then completed the child care center quality assessment measure (the fourth measure).

First, a correlation analysis was performed on three predicting variables: child care assessed as a social support by mothers; the observed quality of the center; and socioeconomic status. A significant correlation was found between the observed quality of the center and maternal socioeconomic status ($r^2 = .27$, $p = .02$). No other significant correlations were found. Second, when a model made up of the three predictor variables was regressed on maternal depression, all three variables were found to be significant at the $p = .0001$ level. Third, the three predictor variables were regressed on child sleep behaviors to assess their direct effects. Here a two-variable solution consisting of socioeconomic status and mothers' perceptions of the support from their child care was found to be significant at the $p = .05$ level. Finally, the three original predictor variables and maternal depression were regressed on sleep problems. A three-variable solution — maternal depression, socioeconomic status, and mothers' perceptions of social support — was found to be significant at the $p = .04$ level.

According to the results, social support from child care providers is a significant element in both the psychological well-being of employed mothers and in the sleep habits of their children. The feeling of receiving social support from the care provider was a far better predictor of mothers' emotional state than how much money the mothers earned or the quality of the center as rated by an observer. This study suggests that mothers' perceptions may be a fertile avenue for investigation that could provide useful links to important mother and child outcomes.

Out-of-Home Child Care

Parental Selection of Child Care: Quality and Other Criteria *Mary DeBey, Dianna Newman*
Presenter: Mary DeBey

Parents choose to provide care for their young children in various ways. There are parents who use supplemental child care many hours each day, parents who seldom use supplemental child care, and many combinations of these care arrangements. Parents select a particular child care arrangement for differing reasons. Pence and Goelman describe the selection of a child care arrangement as finding a "best fit" rather than the "best" arrangement. This research was conducted as a secondary analysis of the National Child Care Survey 1990 in order to examine the role of quality in parental choice of a child care arrangement.

For parents with children under 6 years of age, the primary reason for choice of a child care arrangement, as Hofferth and associates found with all children under 13, was quality, followed by a preference for family, and then cost, convenience, and availability. The reason for choice of child care differed for parents whose child was in Head Start, where selection based on quality and cost, convenience, and availability were equal, followed by parents who preferred family.

In further analysis, parents who based their child care decision on quality were asked for two specific criteria on which they based their selection. The responses were coded into 15 variables. Parents' first and second responses were then grouped according to atmosphere, atmosphere/structural, atmosphere/curriculum, structural/curriculum, and curriculum. When parents selected child care based on quality, atmosphere criteria was chosen most often for all age groups and family income groups.

In examining the relationship between the age of the child and the specific quality criteria, parents with children under 18 months primarily selected an arrangement based on atmosphere, structure, and atmosphere/structure and had little concern for curriculum. The concern for curriculum, including curriculum, atmosphere/curriculum, and structure/curriculum, increased when parents had children between 36 and 60 months.

An examination of family income and the specific quality criteria showed that the atmosphere criteria was highest for parents with incomes below $15,000 and lowest for parents with incomes above $50,000. The structural criteria, including structure, atmosphere/structure, and curriculum/structure, was of more concern for high-income families than for low-income respondents.

Out-of-Home Child Care

Issues and Concerns of Licensed Family Day Care Providers *M. Kaye Kerr, Eleoussa Polyzoi*
Presenters: M. Kaye Kerr, Eleoussa Polyzoi

Deller indicates that Australia, New Zealand, Canada, and the United States take a libertarian/free enterprise/interdependence model of family day care. In her review, she states that these countries tend to see day care as a best mother substitute for infants and special-needs children when child care is subsidized and regulated, and as a natural neighborhood network in unregulated care. Although the majority of care is provided by unregulated providers, there is legislation related to family day care in the majority of Canada. In order to receive subsidies to be used in family day care, the care usually has to be provided in a regulated setting. The purpose of this study was to ascertain the differences between licensed family day care providers who have received training and professional classification as child care workers and those who have not pursued training concerning the critical issues that they face as family day care providers.

The Family Day Care Association of one Canadian province distributed a questionnaire to their membership of 385 licensed family day care providers. Approximately 90% of licensed providers are members of the association. Two hundred and thirty (60%) providers returned the survey. This survey requested information concerning the role of licensing, subsidization, professionalism, and daily functioning. The items were rated from 1 (not important) to 5 (very important). In addition to the licensing of facilities, individual workers were classified as CCWI (minimal), CCWII (approved competency), and CCWIII (director or specialist level) on the basis of education, experience, and competencies. Those individuals who returned the survey were represented as follows: no classification = 153 (67.1%), CCWI = 35 (15.4%), CCWII (6.1%), and CCWIII = 26 (11.4 %). The average length of licensing was 5 years. These individuals represented both multicultural, urban, and rural communities and provided neighborhood service to primarily low-income, subsidized families.

The areas of greatest concern to these family day care providers by importance were "families who bring sick children to care," "delays in receiving payment for service," "the amount I earn for what I do," "the long hours of pay," "stress of the job," and "the wear and tear on my home." Providers with minimal or no classification were significantly more concerned about sick children, understanding children, licensing requirements, and understanding the system of subsidization than were those with higher classifications. Providers with Level II or III classification were more concerned about earnings than were those with lesser classifications.

The overall ratings by all providers reflected issues that deserve community and government policy attention. The greatest provider concern was for families who bring sick children to family day care homes. The current investigation underlined the need for provision of specified home and group facilities and/or parental leave to care for children in family-based care. Other policy issues raised pertain to the need for support resources for the individual family provider, such as substitute help, lending libraries, and centralized clearing agencies for clients.

Parent Involvement

Involving Parents in Play at School: Its Influence on Kindergartners' Social Pretend Play and Literacy Behaviors in the Classroom Setting *Susan H. Turben, Kathleen Roskos*

Presenter: Susan H. Turben

Considerable research has linked the importance of parental involvement in the educative process, highlighting quantitative differences that may affect children's future development. For example, difference in communication style between parent and child and parents' sense of efficacy appear crucial for early learning and later educational attainment. Supported by this research, there have been numerous attempts to enhance parents' influence and participation in their children's early education, with the intention of affecting disadvantaged and at-risk children's chances for educational achievement. However, many of these efforts have not led to parents' active engagement in educational activities in school settings through which they might become more instrumental in the educative process.

The purpose of the study was to demonstrate to teachers an involvement strategy that would (1) enhance parents' active participation in fostering and extending children's social pretend and literacy behaviors; (2) provide parents with an opportunity to learn more about the importance of play as a developmental prerequisite for academic learning, particularly reading and writing; and (3) examine the influence of parents' verbal and gestural patterns of playing upon children's level of pretend play.

Four African-American parents (mothers) participated in the 5-week study. During an orientation and classroom tour, each parent was provided with a "prop box" consisting of preselected play objects and literacy props, chosen for their ability to elicit pretense behaviors based on Nicholich's list of symbolic toys and materials. The research consisted of three basic procedures. First, baseline observations of parents' patterns of interaction and children's levels of pretend behavior with the objects during the free-choice session were videotaped over a 2-day period during the first week of the study. Second, a weekly cycle of two a.m. or p.m. videotaped play sessions for each parent was initiated and continued for 4 weeks, for a total of eight sessions per parent. Third, debriefing sessions for the parents were held once each week, following the second play session of the week. Videotapes were analyzed adapting a method for reducing videotaped data into units of analysis devised by Erickson and Shultz.

The results of this study indicated the efficacy of employing parental involvement strategies, such as "coaching" and video-debriefing, in order to enhance both the complexity of kindergartners' social and cognitive play and the degree to which parents value and enjoy their role in supporting and guiding play experiences in the classroom. In the process of enlisting parents' assistance as play "co-teachers" and providing them with opportunities to reflect on their own style of playing, it appears that meaningful interactions are created for both children and parents.

Parent Involvement

Interpersonal Problem Solving for Parents of 4-Year-Old Head Start Children

Myrna B. Shure
Presenter: Myrna B. Shure

There are many ways to change the behavior of children. We can punish, reward, or coach. We can ignore behavior we do not like in the hope that it will go away. We can tell children what and what not to do and also explain why. While these techniques may appear to be different, they have one important feature in common: they are all doing the thinking for the child.

This presentation provided an alternative approach. Children can, or can learn to, think for themselves and solve everyday problems that come up with others and then tell us what and what not to do and why. Given the freedom and the skills to think for themselves, children can become good problem solvers as early as age 4. Children trained by teachers reduced impulsive and inhibited behaviors, with gains lasting through kindergarten. Normally behaving ICPS-trained youngsters were less likely to begin showing behavior problems one and two years later, suggesting preventive implications for the ICPS approach.

This study then focused on training the mothers of 4-year-old Head Start children and examining the impact of this training on their children's social adjustment as observed in school. With 20 mother-child Head Start pairs trained and 20 comparable pairs as controls, the study investigated how (and if) change in the mother's problem-solving skills and ability to guide her child to participate in the problem-solving process affected her child's problem-solving skills and/or behavior.

The 4-month intervention showed that trained children of both sexes improved in alternative-solution thinking and consequential thinking more than controls did. Trained youngsters of both sexes who showed impulsive or inhibited behaviors before training showed normal behaviors after training, as defined by the rating scale. Linkage analyses showed alternative-solution thinking as a more powerful mediator of behavior change than consequential thinking at this age.

An increase in a trained mother's ability to engage her child in the problem-solving process (as opposed to telling, or even explaining what to do) was accompanied by a significant gain in her child's ICPS skills, again, most dramatically, by alternative-solution skills. While it was the child's own gains in ICPS skills that most directly related to gains in observed behavior, mothers' ICPS childrearing style played a significant role in contributing to those skills. Importantly, children exposed to ICPS training in one environment (the home), also improved their behavior in a different one (the school). These behaviors were judged by teachers who were unaware of the training procedures and goals.

It is particularly encouraging that inner-city mothers, many of whom displayed deficient ICPS skills at the start, could successfully improve their own skills, as well as those of their children, in only 4 months. However long the impact of teacher training lasts without further reinforcement, the ultimate impact for a mother-trained child would likely have maximum potential if the mother continues to problem solve with her child at home.

Parent Involvement

Parenting Stress in Head Start Parents: Correlates and Implications for Intervention

Lori A. Roggman, Andrea D. Hart, Sondra T. Moe, Kristen R. Thorson

Presenter: Lori A. Roggman

Parent involvement has long been recognized as essential to the success of the Head Start program, but a greater understanding of potential parent outcomes is needed to guide Head Start program strategies for involving parents. Through their involvement in Head Start, many parents gain social support and a sense of confidence in themselves and their parenting that helps them support their children's continuing development after Head Start. Indeed, previous research has shown that mothers who participate in Head Start activities increase their feelings of mastery or self-confidence and, in addition, decrease their symptoms of depression. These outcomes, and the social support that may be increased by Head Start involvement, have been shown in other research to be related to parenting, particularly parenting stress.

Parenting stress is defined as the parents' subjective feelings of irritation, frustration, inadequacy, annoyance, and distress in response to the demands of daily interactions with their children. This experience of stress from parenting has been shown in previous research to be related to negative parenting, abuse, less secure parent-child attachment, and behavior problems in children.

To examine the potential indirect effects of Head Start on the parent-child relationship, the relation of social support, mastery (self-confidence), and depression to parenting stress in a group of 91 Head Start parents was explored. Correlational analyses from beginning-of-the-year data indicated that overall parenting stress was most strongly predicted by low social support, low mastery, and high depression. Exploration of a series of regression models revealed that the best set of predictors of parenting stress included informal social support, mastery, and depression. This model predicted parenting stress and overall distress (a subscale of parenting stress), with each predictor making independent significant contributions to the model. Separate regression analyses for mothers and fathers revealed distinct patterns: mothers' parenting distress was predicted only by mastery and depression; fathers' parenting distress was predicted only by social support.

These results suggest that, to the extent that Head Start parent involvement increases mastery and social support and decreases depression, there are likely to be indirect positive effects of the Head Start program on parenting. Furthermore, the results suggest that, in general, mothers and fathers may benefit from different kinds of parent involvement activities. Mothers may benefit most from activities designed to increase mastery and decrease depression. Fathers may benefit more from experiences designed to increase their networks of social support, particularly informal support from other fathers. Regardless of their gender, of course, individual parents have individual needs. Successful efforts at parent involvement in Head Start will take into account these individual needs and identify specific kinds of involvement for individual parents.

Parent Involvement

Differential Parental Participation in a Comprehensive Early Intervention Project: Is More Active Better? *Gary Percival, Sebastian Striefel*

Presenter: Gary Percival

Children who live in economically disadvantaged homes are at increased risk for biological, developmental, and medical delays. Much of this increased risk is due to the fact that children who live in poverty more often lack medical services, attention, and social support. In addition, children of poverty are exposed to increased family stress, parental depression, and maternal drug use.

Many researchers have proposed comprehensive ecological interventions that would assist families in meeting their physiological and safety needs while teaching them how to meet their belongingness and esteem needs. According to Maslow's hierarchy of human needs, such intervention is essential before consistent positive results can be expected from early intervention projects for children from economically disadvantaged families. Such intervention requires that parents participate in intervention procedures in order to maximize child development. Most early intervention programs involve parents in some form or other, and all have some necessary compliance standards for families. Yet, few projects have reported the effects of differential parental participation on child development and family self-sufficiency goals.

This study examined families who have been involved from 1 to 3 years with the Community-Family Partnership (CFP) project. The CFP project is one of 34 Comprehensive Child Development Projects funded by the Administration for Children, Youth and Families. Twenty-six families were identified as the Low Participation Group. Twenty-three families were identified as the High Participation Group. The data gathered on each family in the study included (1) child development data; (2) family income (earned and unearned, at enrollment and current) and number of weeks working; (3) access to community services; (4) demographic information (i.e., ethnicity, marital status, mother's age and education, family size); (5) number of needs identified and translated into goals and number of goals completed; and (6) parent and staff attitudinal measures.

Results indicated that children of families with high participation had better child development scores than did children of families with low participation. No difference was found in the economic status of these families. Multiple regression analyses were conducted using family demographic characteristics and other measures to create a profile of a high participating family. This profile showed that families who participated more in early intervention procedures tended to have children who attended more group intervention activities sponsored by the CFP, mothers who were less educated, and families who participated more in family support activities provided by the CFP.

By learning what areas of family participation promote child development and economic self-sufficiency, early intervention projects will be better able to work with families in developing family and individual goals and activities that increase families' successes in the project. By understanding which family and staff attitudes promote positive family gains, early intervention projects will be able to work toward developing and maintaining those attitudes that enhance child development and family self-sufficiency.

Parent Involvement

Home/School Collaboration and Parental Involvement *Judith S. Bloch, Janice L. Friedman, John S. Hicks*

Presenters: Judith S. Bloch, Judith Margolis

There is growing recognition in the community of the importance of the integration of parent and school efforts in promoting a child's educational success. "If children are to succeed in school, home and school must work together." (New York State's *A New Compact for Learning*)

Home/School collaboration and its processes have been the cornerstone of practice at Variety Pre-Schooler's Workshop (VPSW) since its inception in 1966. This approach, and a system of family involvement, is initiated at the point of application and entry. It starts at the first contact for screening and evaluation, moves on to the Individualized Education Program (IEP) and remediation, and ends with preparation for transition into another setting. Parents are considered indispensable members of the child's multi-interdisciplinary team. Although the involvement is different for each family, collaboration has been found feasible for almost all families.

The VPSW Home/School collaborative model is based on (1) a family-friendly school system; (2) parental participation in assessments, goal setting, and remediation; and (3) family support services. The VPSW "family-friendly school system" is an "open school" where parents are always welcome and no appointment or permission to visit is needed. One-way viewing mirrors and intercoms facilitate observation of children in the classroom and at all therapies. A parent lounge provides a place for parents to network and to find respite, information, and comfort. It creates a gathering place where families can meet one another, make new friends, or simply relax.

This presentation focused on continued research on the effectiveness of the home/school collaborative model and specific offerings designed to increase parent involvement. Both alumni and current parents of VPSW children provided information and completed questionnaires regarding their perceptions of the value of specific kinds of programs. The research examines the effect that parental involvement in assessment has on parents' increased knowledge and understanding of their child's development and parents' ability and readiness to participate in parent/teacher and IEP meetings. In addition, the survey reaches for the effect the open school model has on promoting friendships, mutual-aid networking, and personal problem solving. Preliminary findings indicate that parents place high value on these opportunities.

Getting Men Involved: Strategies for Head Start *James A. Levine*

Presenters: James A. Levine, Ed Pitt

As an extension of its research during the last two years, The Fatherhood Project at the Families and Work Institute has launched a national training and technical assistance project designed to increase male involvement in Head Start. The Male Involvement Project will build on existing innovative programs to catalyze learning and change throughout the Head Start community. This presentation described the work of the project.

Parent Involvement

Predictors of Parent Involvement and Its Influence on School Success

Rebecca A. Marcon

Presenter: Rebecca A. Marcon

Proponents of early childhood education frequently refer to the importance of parent involvement for children's school success. Studies of low-income students verify the positive influence that parent participation has on children's academic achievement. However, little is known about the characteristics of families that are more likely to become involved in their children's educational experience.

The present study provided follow-up data on 245 children (mean age = 120 months) enrolled in 80 public schools in Washington, DC. Prior to entering first grade, 67% of the sample attended both preschool (PS) and kindergarten (K) in this school system. The remaining 33% served as same-sex, matched K-only controls. All current data were analyzed for effects of parent involvement in PS, K, first grade, and "Year 6" placement. School, child, and family characteristics that could influence parent involvement were identified and entered into stepwise regression analysis for each grade level.

For PS children, enrollment in Head Start predicted greater parent involvement during preschool. In turn, higher levels of parent involvement during preschool predicted greater K involvement. Higher levels of both PS and K involvement, along with growing up in a two-parent family that had not moved, predicted high first grade parent involvement. High Year 6 parent involvement was predicted by previously high K involvement and a two-parent family. Additional regression analysis examining type of preschool and kindergarten models predicted lower PS and K parent involvement associated with an academically directed preschool model. Similarly, enrollment in a kindergarten program that focused on academic preparation predicted lower first grade parent involvement.

Prediction of parent involvement for K-only controls was less successful. Being a younger kindergartner predicted greater parent involvement during kindergarten. Higher K involvement predicted higher levels of first grade involvement. While K involvement was still positively related to Year 6 involvement, only a single-parent family predicted most recent involvement. Although an academically focused K was negatively related to first grade involvement, type of kindergarten program did not predict Year 6 parent involvement for K-only control children.

Parent involvement during kindergarten seemed especially critical for later school achievement. By kindergarten, long-term patterns of parent involvement had been established for families of children who attended preschool prior to kindergarten entry. For K-only control children, lower maturity levels may have initially necessitated greater parent involvement. Once initiated, however, this involvement continued to the next grade level, where age-related factors seemed to no longer be of concern.

In the transition from home or preschool to kindergarten, careful attention to factors that influence whether parents become partners in the education experience is needed. These current findings suggest that Head Start parents may be ahead in this partnership if their children enter programs that foster socioemotional growth. Policy to assure the developmental appropriateness of kindergarten programs may, inadvertently, generate greater parental investment in children's schooling. And, as further illustrated by this study, early investment can be seen 6 years later in the form of higher school achievement and lower retention rates.

Parent Involvement

Increasing the Joys of Parenting in Head Start Families *Jane B. Brooks*

Presenter: Jane B. Brooks

Recent research describes the powerful effect of parents' emotional states on the quality of parent-child interactions. When parents are happy, they are more understanding of their children, more patient, and more able to plan and carry out reasoned discipline. Conversely, when angry or upset, parents are less understanding, more demanding, and more physically punishing with children. Harmonious relationships between parents and children promote positive moods and effective parenting. Yet, as social scientists, we have given little attention to those factors that increase parents' satisfactions. This is especially important in low-income families where the stresses of daily life decrease parents' resources and reserve for parenting.

Joys and pleasures seem simple matters requiring little effort. They are assumed to come without cultivating them. However, in clinical experience and in interviews with nonclinic samples of parents, it appears that few people take the time to attend to the satisfactions of parenting.

This presentation summarized knowledge about parents' pleasures with children and applied the findings to Head Start families. Arthur Jersild and his co-workers conducted a major study on the joys and problems of childrearing by interviewing parents from 544 families with a total of 1,137 children. Families represented a wide range of socioeconomic status. While the study was conducted over 45 years ago, it merits attention because it is the only major study of parents' satisfactions with children. As the problems parents reported then are highly similar to information reported in 1989, its data appear applicable today.

Jersild et al. found that all socioeconomic groups enjoyed the primary satisfaction of their children's companionship and affection. Lower socioeconomic parents, however, seemed to miss out on the second area of pleasure: enjoyment and appreciation of their children as special people with unique traits and qualities. Lower socioeconomic parents can experience these satisfactions by learning to attend to the particular qualities of their children.

Applying Jersild's findings to Head Start families suggests simple changes in parenting groups that can increase parents' pleasure with their children. First, parenting groups can begin each session with a "brag" period in which parents report interactions with or about their children that have gone well in the preceding week. If time permits, parents can analyze what made these interactions go well. Second, when a given topic is the focus of the evening, parents can actively describe goals they have for themselves or their children in these areas. A third and major portion of the group time can focus attention on what each parent enjoys about each child, what gives them pleasure, and what is special.

Reminding parents of their pleasures with their children increases parents' personal resources. When parents feel happier with their children, they become more effective in interactions with them.

A Field-Developed Conceptual Model of Parental Involvement That Focuses on 4-Year-Old Children and Their Parents in an Urban Setting

Halina M. Marshall, A. Dirk Hightower, J.K. Fritton, Julie A. Guttman
Presenters: Halina M. Marshall, A. Dirk Hightower

It is commonly believed that parents' involvement in their children's education enhances children's healthy and balanced development. The benefits of parents' involvement in their children's education are recognized, and research suggests that there is a strong relationship between students' performance and their parents' educational expectations, pressure for achievement, and involvement in the educational process.

Traditionally, the basic education units include parent-child and teacher-child dyads. There is a primary relationship between the child and the parent and another between the child and the teacher. There is also a secondary, and weaker, relationship between the teacher and the parent. Graphically, this system can be presented as a triangle. In human relations terms, such systems can be relatively unstable and may result in inadequate support for some involved members. While both the teacher and the parent have primary responsibility for the child, neither the parent nor the teacher may be in the best position to facilitate a meaningful parent involvement in the child's education. When a parent group leader (PGL) is added, the model becomes more stable. It becomes quadratic in its graphic presentation. Within the quadratic model the teacher primarily focuses on the child, and the PGL primarily focuses on the parent.

Rochester Preschool Parent Program (RPPP) utilizes the quadratic model of parent involvement. In 1992-1993, there were 31 classrooms involved in the RPPP. Four RPPP classrooms were involved with SWEEP, a multiagency collaborative that provided services to children and was involved in an intensive evaluation.

With the Quadratic Model of Parent Participation (QMPP), parents participated actively in weekly 2 1/2 hour parent groups 60% of the time. In addition to this pattern of regular attendance and documented participation at parent groups, which exceeded previously reported levels of active parent participation by 200%, most parents were contacted or came to the classroom and observed their children on a weekly basis almost 100% of the time, a 400% improvement using previously used definitions of "participation." Compared with the more traditional model of teachers as the primary contact person for parents, the QMPP theoretically has a number of benefits and practically produces high parent participation and involvement.

Because there was no control group, many internal and external invalidities exist. Associations between parent participation and student outcomes have not been fully analyzed. Also, long-term effects are unknown. Future work needs to address these issues. However, the initial success of the QMPP suggests that parent involvement can be increased dramatically by adding professionals who are interested in working with adults, have skills in meeting the needs of adults, can communicate well with adults, have the time to work with parents, and have as one of their primary responsibilities assisting adults in developing their parenting roles (including active involvement in their children's education). There is no doubt that the QMPP needs additional testing, but this model appears to have greater potential than the more traditional structures presently used in schools.

Parent Involvement

A Head Start Program Evaluation in Terms of Family Stress and Affect: A Pilot Study

Ronald M. Iverson, Denise Hellekson, Renee Lance, Barbara Jensen, Lynn Thompson, Shari McGann

Presenter: Ronald M. Iverson

The Clay-Wilkin Opportunity Council Head Start (CWOC-HS) program believes that parents and families are the most important resources children will ever have, and that by serving families, families can support, increase, and sustain all of the gains and benefits the Head Start experience initiates for their children.

CWOC-HS serves Head Start families, in part, by offering a combined Family Counselor (FCU) and Social Services Unit year-round. The support, advocacy, referral, and direct-service work the FCU performs is integrated with existing services through the Education, Health, and Parent Involvement Units. With mental health professionals in direct contact with families, CWOC-HS believes that barriers that keep families from being the resources children need are addressed sooner and more effectively. This service delivery system relies on the holistic, concentrated, and coordinated interventions known to be effective in serving families.

To test the quality of its family services, CWOC-HS conducted a pilot study of global family stress and affect using a novel instrument called the Index of Family Stress and Adjustment (IFSA). The goal of the study was to create a program evaluation that would, with controls, measure changes in family stress and affect levels directly attributable to participation in CWOC Head Start. The results would guide decisions about program effectiveness and program improvements.

A modified Solomon-Four Group design was used to survey families over 2 program years. CWOC-HS families were surveyed pretest and posttest. CWOC-HS waiting list (WL) families were surveyed posttest, as were a stratified, random sampling of general population families with preschool children (GP). A 1-year follow-up was conducted during the second survey year. The general linear model was applied for analysis and incorporated planned, orthogonal, *a priori* contrasts to isolate significant, between-group differences.

CWOC-HS and WL families were both significantly higher in stress and lower in affect than GP families throughout. CWOC-HS families were identical to WL families at pretest, but were both significantly lower in stress and higher in affect than WL families by posttest. The CWOC-HS gains appeared to decrease at the 1-year follow-up, but the declines were not significant.

Results indicated that the CWOC-HS program was effective in both reducing stress and increasing affect for HS families. These gains were clearly not paralleled by the WL families and were therefore directly attributable only to participation in CWOC Head Start. The apparent decline in these measures at 1 year was insignificant and inconclusive due to low subject response.

This study needs to continue over several years to determine whether family stress and affect gains decrease significantly and if any relationship exists between these declines and the development and performance measures for children as they continue on in a grade school environment.

Parent Involvement

Preparing for the Transition to Kindergarten: The Head Start Family Math Project

Prentice Starkey, Alice S. Klein

Presenters: Prentice Starkey, Alice S. Klein

The first goal set by the National Education Goals Panel is that by the year 2000 all children will start school ready to learn the curriculum. Research findings indicate that impoverished children are especially at risk for not being ready to learn the elementary school mathematics curriculum. By age 4, these children already lag significantly behind their middle-class peers in the development of mathematical knowledge.

The general objective of this project was to determine whether this developmental lag could be reduced significantly by teaching parents ways to effectively support their children's developing mathematical abilities. A tenet of the approach was that the parent is the child's first mathematics teacher. Research has revealed that many middle-class parents, relative to parents of lower socioeconomic status, provide more material and psychological supports for their young children's developing mathematical knowledge. Thus, the home learning environment provided by impoverished parents is a source of the developmental lag. This finding points to a need for an intervention to empower impoverished parents to become more effectively involved in supporting their children's early mathematical development.

Two bigenerational (parent and child) early mathematics intervention projects with AFDC Head Start families were conducted. These projects, one with 32 African-American families and one with 32 Mexican-American families, were conducted in the year prior to kindergarten. Since the intervention was bigenerational, it was hypothesized that there would be change in both parents and children. This presentation focused on parent outcomes in the project with African-American families.

The intervention consisted of a developmentally appropriate preschool mathematics curriculum taught to Head Start families through a series of eight classes at Berkeley Head Start and Southern Alameda County Head Start. Teachers gave parent-child dyads hands-on experience with mathematics materials and helped parents learn to dynamically assess children's strengths and weaknesses in mathematics while engaged in mathematical activities. After class, parents could "check out" math materials from a math library located at their Head Start center. Parents could use the materials in working with their children at home during the 2-week interval between classes. A comparison group of Head Start families did not receive the intervention. Outcomes were assessed in a pretest/posttest design. Parent outcomes were assessed by parent interviews, teachers' observations during math classes, and dyadic (parent-child) problem-solving sessions.

It was found that intervention parents typically checked out the maximum-allowed number of math materials. Materials were used at home, often at the children's urging. Intervention parents acquired more effective strategies for teaching mathematics. They explained more essential components of math tasks (e.g., the task's goal, materials to be used), used more quantitative terms, encouraged children to check their solutions, and reported that they were more patient with the pace of children's problem solving. Teachers reported that parents learned to set up a clear work area and that several stopped the practice of rapidly pushing children beyond their ability levels, and, instead, gradually moved from easy to more difficult problems. Significant positive correlations were found between the extent of children's developed mathematical abilities and the number of math-specific supports provided at home. It was concluded that Head Start parents became more effectively involved in supporting their children's mathematical development.

Parent Involvement

A Qualitative Study of Parent Involvement in an At-Risk Preschool Program

Gwen Countryman

Presenter: Gwen Countryman

This study examined parent involvement in an at-risk preschool program from the parents' point of view. It explored how parents' involvement was influenced by their attitudes and expectations about the program, by stresses in their own lives, by family support structures, by continuity between the school and the home, and by the fit between their perceived needs and what the school provides. Case studies were used to illustrate and analyze the relationships between parent involvement in the at-risk preschool program and parental attitudes and expectations about the program, stresses in their lives, family support, and continuity between home and school. Emphasis was placed on the reciprocal interactions between parents and the school, their children, their families, and the community.

Six main themes emerged from the analysis of the case studies. First, in the at-risk case study, parents' attitudes toward the preschool program and the teachers were extremely positive. Second, most of the at-risk case study parents described themselves as "not involved" in the preschool program. Many of the parents were not involved because they were coping with more urgent stresses, such as separation, underemployment, and single parenthood, and because programming was not well matched to their needs. Third, although the case study families were stressed by poverty, unemployment, underemployment, special needs, separation, incarceration, illness, and homelessness, they coped successfully enough to keep their children in preschool. Fourth, although there were formal and informal family support structures that facilitated family involvement in the program, many of these support structures were not well defined or organized. Fifth, there were discontinuities in values, attitudes, and socioeconomic status between the school and the parents. Although all the case study parents presented themselves as competent, caring, and able parents, the teacher did not agree. The school did not always take the at-risk parents' circumstances and values into account when designing, planning, and implementing parent involvement activities. Lastly, one important need identified by the at-risk parents — developmental support for their child to achieve school readiness — was perceived and met by the preschool program. However, other needs perceived by the parents, including an all-day program and bus transportation to and from the school, were not met by the program. The school perceived the parents needing information and professional input on parenting, rather than physical and logistical support, to help them cope with the stresses in their lives.

This study suggests that teachers and administrators, in specific instances, may be hindered rather than helped by their professionalism, particularly if it is based on a child-centered, rather than a family-centered, approach to parent involvement. The data suggest the need for more home visits and more teacher accessibility on the parents' terms. At-risk parents, when allowed to plan programming that meets their own needs, might include tangible services over educational services. In this case, the family support model of parent involvement was proposed and given lip service, but had not permeated staff thinking or program policy.

Parent Involvement

The Impact of Parent Participation in Head Start on Parents and Children

Faith Lamb Parker, Chaya S. Piotrkowski, Lenore Peay, Beryl Clark
Presenters: Faith Lamb Parker, Hirokazu Yoshikawa

This project is a longitudinal study of parent involvement in Head Start. A major purpose of the study is to assess the benefits of parent participation in Head Start on mothers, Head Start children, and their siblings. A secondary goal is to understand why some parents participate in Head Start more than others do and to determine how parents' participation might be increased.

Specifically, this study addresses several key research questions: (1) Are the frequency and type of parent involvement related to parental self-sufficiency and well-being, the parent-child relationship, and the children's social and emotional competence? (2) What are the barriers to parents' participation in the Head Start program? (3) What strategies can be effective in increasing involvement of parents identified by Head Start as hard-to-engage? (4) How do some of the initial characteristics (background and contextual variables) of parents entering Head Start affect parents' level of participation in the program? (5) Does parents' involvement in Head Start affect their self-sufficiency and school involvement, and their children's social and emotional competence, one year after the family leaves Head Start?

The study began in the fall of 1990 and is being conducted at two Head Start programs in New York City. Both are standard center-based programs. The sample consists of two cohorts with a total of over 1,000 Head Start mothers and children: 60% Latino (Dominican and Puerto Rican), 25% African-American, 10% Euro-American (Irish and Italian), and 5% other (Latinos from South and Central America and Africans).

This is a quasi-experimental 3-year two-cohort study, the first year of which was devoted to developing a parent intervention. The second year data were collected on Cohort I. In the third year of the study, data were collected on Cohort II, and the parent intervention was administered. The first cohort served as a comparison group in that they did not participate in the specially designed parent involvement intervention. This group was pre- and posttested in order to provide baseline information about the normally occurring patterns of parent participation in Head Start, as well as information about changes in the family in this time period. Cohort II participated in Head Start the following year when the intervention for enhancing parent participation was implemented. Pre- and posttesting was conducted on this cohort in order to especially observe the impact of the intervention on parent and child outcomes. Follow-up research is being conducted in order to assess the continuing effects of parent participation in Head Start on these families.

The parent participation intervention was based on a retrospective survey of mothers who had earlier been in Head Start. Parents were asked what made it difficult for them to participate in the program. Individual, family, institutional, and community-level barriers were described. This knowledge was used to develop a staff intervention that aimed to increase the involvement of hard-to-engage parents.

The project uses a collaborative research model based on the premise that practitioners and families have expertise, creativity, and unique perspectives that will enhance the relevance and quality of the research. Furthermore, involving practitioners and families as partners in the research endeavor leads to a potentially better utilization of research findings and an empowerment that comes with shared control of the research process. In this context, a group made up of Head Start staff and parents, the research team, and community consultants has guided the course of the project.

Parent Involvement

Family Involvement in the Kindergarten Year for Southeast Asian Refugee Children *Daniel P. Mueller, Carey Wexler Sherman*

Presenters: Daniel P. Mueller, Carey Wexler Sherman

Family involvement was examined in a culturally diverse sample of 223 kindergarten children attending public schools in St. Paul, Minnesota. This sample was studied as part of the evaluation of the Head Start/Public School Early Childhood Transition Demonstration Project. Nearly half of the children studied were from Southeast Asian (i.e., Hmong) refugee families who migrated to the United States from refugee camps in Thailand. Hmong parents generally place great importance on their child's education but have difficulty participating in it because of language and cultural barriers. However, as in other Southeast Asian groups, older siblings may be instrumental in helping younger siblings succeed in school. The Head Start Transition program seeks to strengthen the home-school relationship among Hmong families, as well as other families.

Using data from parent surveys and child reports, family involvement (including both parent and older sibling involvement) was examined during the kindergarten year. Activities, both at home and at school, in support of the child's education were measured. The nature and level of Hmong family involvement was compared with that of families from other racial/ethnic backgrounds (primarily Caucasian and African American). The potential influence of the Head Start Transition Program on family involvement during its first year of implementation was explored. The link between family involvement and the child's achievement during the kindergarten year was also tested.

Research, Service Delivery, and Policy

A System for Classifying Adults Enrolling in Service Programs *Andrew E. Hayes*

Presenter: Andrew E. Hayes

Adults who enroll in education or family-intervention programs are not a homogeneous group. In addition to being different in academic functioning, both the adults and their families are different in social and personality factors that affect their participation in, and success from, programs. Among other things, they differ on degree of acceptance of social norms, commitment to change, hopefulness of change in self and personal conditions, confidence in change, personal capability to learn and change, and supportiveness of their environment.

As more programs such as Head Start and Even Start change to serve children through the family, or along with adult family members, the conditions of the adult that influence attendance and participation become even more critical to the delivery of programs to meet needs of the children.

Evaluation studies of the programs that serve families demonstrate significant differences among the types of adults in attendance, length of enrollment, participation, adult academic and social achievements, child behavior, child development while in the programs, and changes in family conditions. Two groups, which together comprised approximately one third of those who enrolled, had almost no continued enrollment beyond a few days, and other groups had poor attendance and participation. Implications include the need to make accommodations in program recruitment and induction systems, in the structures of programs, and in the levels and intensity of services to assure a high probability of continued enrollment in, and success from, programs.

This presentation described a system for classifying adults who enrolled in family literacy programs operated in several states and demographic regions of the U.S. The system includes a definition of the variables on which differences were identified, a definition of the types of adults that were defined, a teacher-response rating system for adults that can be used soon after enrollment to make the classifications, prototypical case descriptions of the types, statistical and logical rationales for the types, and a description of ways projects have been able to compensate for, or accommodate, the differences.

Research, Service Delivery, and Policy

A Survey of Barriers to and Incentives for Service Utilization by Low-Income African-American Families *Kimberly J. Lipson, Toni Hembree Eisenstadt, Paul J. Frick*

Presenter: Kimberly J. Lipson

At the Tuscaloosa County, Alabama Head Start center, motivation to participate in parenting groups has been low. To increase utilization, Head Start parents were surveyed to determine barriers to, and incentives for, parenting-group utilization. Survey information was used to tailor parenting workshops to the needs of the Tuscaloosa County Head Start population, and may prove useful to other service providers. To develop the survey, a list of barriers and incentives for parenting-group participation was compiled based on clinical experience and a review of relevant literature on consumer satisfaction and treatment acceptability. The list was reviewed by several experts in service delivery to African Americans and low-income families in order to maximize completeness and cultural sensitivity. Consequently, the list was placed in survey format, and respondents were asked to rate the degree to which 24 items would make them more or less likely to attend parenting groups, using a Likert scale of 1 to 5. Survey respondents were recruited from 300 Head Start families served by Tuscaloosa County and Greene County Head Start centers. Survey information was gathered from 103 parents and other primary caregivers (e.g., grandparents, aunts).

Results indicated the top five incentives: receiving feedback on children's test scores; having the opportunity to work with someone individually within the parenting group; being provided with new skills to practice at home; receiving a new toy or book for the Head Start child; and being able to bring another adult to the group. Providing a drawing for a prize while at the parenting group, discount store gift certificates, or a copy of a videotape of the parent and child playing together may also be useful strategies to increase parent participation. Other survey items appeared not to exert a high degree of influence over respondents' likelihood of attending parenting groups. Pearson correlational analysis indicated that parents who shared caregiving duties with someone else were more likely to report that having the group in one or two long sessions (rather than a number of shorter sessions) would increase the likelihood of their attendance. Additionally, the more time spent by the respondent in direct care of the Head Start child, the more likely transportation provision was an incentive.

It is interesting to note that while respondents were able to rate the items from 1 to 5 (1 = a lot less likely to attend; 5 = a lot more likely to attend), the means for most survey items clustered in the "3" range ("neutral"), with no items endorsed as barriers. Additionally, four of the top five rated items were nontangibles. Monetary incentive was rated low, and survey conductors reported a number of parents were "put off" by the implication that it would require money to "entice" them to attend a parenting group. A combination of tangible and nontangible incentives have been and will be utilized at Tuscaloosa County Head Start parenting groups.

What America Can Learn from European Child Care *Mary Ann McGovern*

Presenter: Mary Ann McGovern

Despite the increasing concern with the well-being of young children in the U.S. and the first goal of the 1990 Education Summit that by the year 2000 all children in America will start school ready to learn, the provision of universal preschool for children 3 to 5 years of age appears to be light years away. Educators and government officials concerned about school failure and the high drop-out rate are aware that these problems can often be traced back to difficulties in early childhood. Although there is talk of increasing the funding and services of the Head Start program, little has been done at the present time.

Meanwhile, our European neighbors are making great strides in early childhood education. France and Belgium, among others, have excellent preschool programs. Virtually all of France's 3 to 5 year olds, as well as one third of the 2 1/2 year olds, attend Ecole Maternelle. (This latter figure is expected to rise, as parents are making increasing demands for early educational programs.) In Belgium, the figures are similar; preschool begins at 2 1/2 years and almost all children attend. Universal provision arises from the fact that public policy regarding child care aims to help children develop and thrive. Countries are committed to the belief that children, who are the country's future leaders, should grow up healthy and well developed, and that the responsibility for this goal should be shared between government and parents; government provides economic assistance for parents and caretaking services for children. Germany, the Netherlands, and Spain also have high rates of preschool attendance, but beginning at age 4 (Germany 73%, the Netherlands 98.1 %, and Spain 92.4%). While not all countries have a specific focus on education, most agree that education is a component of care. As a result, preschool teachers are required to have 3 to 5 years of educational training following secondary school.

For children under 3 years of age, parents generally have a range of caretaking services from which to choose; however, availability may not be great, particularly in rural areas. In France, the Ministry of Social Affairs has provided a number of services, the *creche* being the most well known. Although provisions are far below the current demand, the goal is to gradually increase these services. In Spain, a recent educational reform has mandated that child care services be provided for all children, from birth to 6 years of age. This policy has not yet been implemented, and the education/care issue must be settled, but there is a clear desire for government to help parents by providing services for the youngest of children.

Thus, it is evident that Western Europe has a far greater sense of responsibility for its youngest citizens than the U.S. does. In addition to day care and educational preschool programs, some countries (e.g., France) have quite an extensive maternal/child health care program. Along with providing excellent medical care during the pre- and perinatal periods, France has created systematic linkages between health care services and child services to assure that every child in infant, toddler, and preschool care receives regular, preventive health care.

Clearly, if the United States is to compete with other industrialized countries, it needs to ensure that its citizens are well prepared. Government must make a commitment with parents, educators, and health professionals to provide all children with a healthy and stimulating start for learning and to see that these goals continue through the compulsory school years.

Improving Services to Children and Families through Use of a Systems Approach to Child Development *M.M. Scott*

Presenter: M.M. Scott

The purposes of this presentation were to (1) review recent systems views of development and (2) identify trends within this framework that show promise for practice and further research.

Recent views of development combine biological, social, environmental, and cultural theories into larger systems of development. Biological theorists show that even such basic biological units as brain cells and genes are modified by factors in the environment. Cochran and Brassard describe the social network of a child and show how factors throughout this network influence development. The culture in which a child or family is embedded serves not only as the larger context for development, but also produces the specific environmental factors that guide day-to-day development. Ogbu argues that these environmental features, in fact, shape the culture itself. He also believes that criteria for judging child competence arise out of the tasks required to be successful in differing environments. Schematics were presented showing the interrelationships among these systems.

Principles from systems theory, which can increase both the quality and efficiency of services to children and families, were presented. Systems are complex, their components are linked together, and they change over time. Plas describes systems as being recursive (nonlinear, having multidirectional feedback), more interested in whole than parts, and more interested in patterns than in "causes."

Two strategies were suggested for using systems theory to improve developmental practice with children and families. One was a technique called developmental profiling, in which an accurate picture of the current functioning level of the child or family is generated. Data are collected on the actual problem (as opposed to the nominal problem) by examining several layers of the system that surround the child or family.

The second strategy examined for improving practice was selection of the most appropriate intervention targets based on the system in which the child or family is embedded. This selection comes about through use of social systems analysis at several different levels. Numerous examples were given. A list of questions was presented using a systems approach to problem assessment and intervention that can increase the likelihood that the intervention will be successful and efficient.

Strategies were also suggested for improving research by using a systems model of development. Ecological validity is increased, natural habitat methods are preferred, and variable selection is inclusionary rather than exclusionary.

Research, Service Delivery, and Policy

Family Start *Pamela Pace, Barbara Hanley*
Presenters: Pamela Pace, Barbara Hanley

The Family Start project is a 3-year program designed to identify the characteristics of successful low-income families. The project is a partnership between the Child Development Council of Franklin County (CDC) Head Start Program and the Nisonger Center University Affiliated Program, both located in Columbus, Ohio. The CDC Head Start Program has served over 750 families during the first 2 years of the project. These centers serve a wide variety of families, representing diverse cultures and member compositions from both urban and rural settings. Over 100 families have been recruited for the Family Start project; 60 have complete data. The families were asked to fill out six surveys and participate in a family videotaping. The focus of this presentation was on the families' social support systems, which were assessed through the Family Support Scale, Dunst, Trivette, and Deal's Family Needs Scale, and Sarason, Johnson, and Siegel's Life Experiences Survey.

Explorations of social support have led researchers to identify several components: (1) personality aspects that are referred to as a sense of acceptance; (2) support that is believed to be available and called "perceived available support"; (3) support received from others; and (4) the recipients' perception of support and their satisfaction with it. Antonucci and Jackson define social support as interpersonal transactions that include one or more of the following: "affect" (expressions of liking, loving, admiration, respect); "affirmation" (expressions of agreement or acknowledgment of appropriateness or rightness of some act, statement, or point of view); and "aid" (transactions in which direct aid or assistance is given, including things, money, information, advice, time, or entitlement). The works of Sze, who reviews and develops concepts around ego growth, social supports, and coping strategies, result in identification of a "new caregiving system," a shift from traditional, licensed professional counseling to the newly formed "people-people help."

In this study it was predicted that the families would receive less of their support from professionals and organized groups. The results of these preliminary analyses will be interpreted to suggest ways in which practitioners can assist in mobilizing social supports and enabling and empowering low-income families. "Empowering" families means interacting with families in such a way that they maintain or acquire a sense of control over their family life and attribute positive changes to their own strengths, abilities, and actions. "Enabling" families means creating those opportunities and means for and with families to allow them to use their present abilities and competencies to meet their needs and the needs of their children and to enhance family functioning.

Screening and Assessment

At-Risk Preschool Children: Strategies and Tools for Gathering Information from Parents *Karen Diamond, Jane Squires*

Presenter: Karen Diamond

This presentation consisted of (1) a review of research on the role of parent report in developmental screening and (2) a discussion of specific strategies and instruments that may be used to obtain information about a child's developmental skills and parental/caregiver concerns during the screening process. Specific issues that were addressed included the relationship between parent report and the child's tested performance, variables that may affect parent-professional agreement, the effect of parent-professional disagreement on the usefulness of parent report, and situations in which parent report should be used. Since it is often assumed that parents "overestimate" their child's capabilities (and thus provide unreliable information), a particular emphasis of this presentation was on research that suggests that, at least in some situations, discrepancies between parent and professional observation may reflect professional underestimation of a child's developmental performance. A discussion of the role of family and child characteristics (e.g., SES, parental education, child age and developmental level) in obtaining information from parents or caregivers during the screening process was included.

Instruments specifically designed for use by parents and caregivers, such as the Infant Monitoring Questionnaire, and particular strategies that enhance congruence between parent/teacher report and professional assessment (e.g., parents/teachers should be provided with an opportunity to independently observe the child's performance on specific items of interest, rather than being asked to recall or predict specific skills at the time of assessment) were also discussed. Parents, in their daily observations of their children across a wide variety of contexts, clearly possess a wealth of information about their children that is unavailable to professionals and that should not be ignored. Parents and professionals are likely to share many of the same impressions of a child, while at the same time hold differing views in some areas. Disagreements between parents and professionals may indicate that the child performs a specific task only under certain conditions. Parents' and professionals' differing perspectives on a young child's capabilities together contribute more information than is available from either one alone. Systematically obtaining information from parents enhances the effectiveness of efforts to identify and monitor the progress of young children "at risk" for developmental delay.

Screening and Assessment

Preschool Screening: Using a Portfolio Approach for Linguistic Minority Children *Evangeline Harris Stefanakis*

Presenter: Evangeline Harris Stefanakis

Screening for special education is the first formal assessment that takes place when young linguistic minority children and their families enter schools in the U.S. The screening process historically omits consideration of the family's language and cultural background. To address the need for a more comprehensive assessment of limited-English-proficient children, Harris Stefanakis has suggested using a "portfolio approach to preschool screening" for assessment of young children with linguistic differences. The idea behind a portfolio approach is to combine formal and informal assessment and use a variety of sources to create a more complete picture of the strengths and weaknesses of a young child.

Pilot programs in Chelsea and Somerville, Massachusetts have been initiated to develop procedures for implementing a portfolio approach to screening young children for special needs. Under the auspices of the Greater Boston Regional Education Center, with native language teams of special-education personnel, the two urban systems modified their existing procedures and trained personnel to adapt their standardized evaluation techniques to include observational interview formats.

Prior to screening, parent interviews helped determine the preferred language of the child. For limited-English-proficient children, language dominance testing was done by a speech and language specialist. All observations, tests, and interviews were then administered in the child's dominant language. The basic portfolio framework for each school system included the following: (1) observation of play behavior by three individuals, including a classroom teacher; (2) observation of group interaction using a formal checklist; (3) a preschool screening instrument (each school system using different tests); (4) parental questionnaire and follow-up interview; (5) evaluation team feedback on culture of origin of the specific child.

After one year of using the portfolio approach as a screening procedure, evaluation teams in Somerville and Chelsea reported greater satisfaction in the reliability of this assessment of linguistically different children. Administrators, teachers, and specialists ndicated that using a portfolio helps identify strengths in each child not easily found in previous screening or testing and helps provide multiple perspectives on each child, thereby validating learning areas that may show culturally based differences. In this preliminary effort, the portfolio approach may offer a means of distinguishing language from learning problems. If linguistically different children are not mislabeled as special-education students early, they stand a better chance of beginning their school experience in a mainstream academic environment.

Since the portfolio approach is more labor intensive than other assessment procedures, the urban school systems that have adopted it use the portfolio for linguistically different children who fail normal screening procedures. It is suggested, however, that this approach be used for all children to help determine their learning strengths and styles and facilitate more appropriate program placement.

Learning-Related Skills, Classroom Behavior, and Kindergarten Achievement

Dale C. Farran
Presenter: Dale C. Farran

From 1986 to 1987, 227 kindergarten children in 17 classrooms in Hawaii were followed during the school year. Seventy-three percent of the children were of Hawaiian ancestry; 53% were male. Academic readiness was assessed in the fall with the Missouri Kindergarten Inventory of Developmental Skills and the Peabody Picture Vocabulary Test. In the spring, children were tested with the California Achievement Test. Behavioral readiness was rated by teachers 6 weeks after school began using the Cooper-Farran Behavioral Rating Scales, a 39-item behaviorally anchored scale of school-related behaviors. Four times during the school year children were observed for rates of task engagement in each of three instructional settings in the classrooms: a small instructional group, a large instructional group, and independent work at centers in the classrooms. Each child was observed 10 times in each setting. Observations were collapsed across four time points and three instructional settings, yielding 120 observation events per child. Based on examinations of univariate distributions, the following three groups were created: Off-Task only ($N = 28$), children observed 10 or more times as off-task; Disruptive only ($N = 35$), children observed two or more times as disruptive; and Off-Task and Disruptive ($N = 22$), children who met both criteria.

A series of forced hierarchical multiple regressions determined that teacher ratings of work-related skills early in the year contributed significantly to the predictions obtained from academic readiness tests for three of the five subtests on the California Achievement Test at the end of the year. While the majority of children in these classrooms were on-task, subgroups could be identified that were off-task and/or disruptive. Though their academic readiness was similar, these groups differed from each other on teacher ratings of their behavior in the fall and on measures of achievement and teacher ratings obtained in the spring, raising questions about their readiness for first grade.

This study showed that 50% to 60% of the variance in children's achievement at the end of kindergarten could be predicted by a combination of readiness tests and teacher ratings of work-related behavior obtained in the fall. Subgroups of children who were off-task and/or disruptive later during the year were identifiable in the fall in terms of their work-related skills, but not their scores on academic readiness tests. Children who had been off-task, or both off-task and disruptive, were distinguished in the spring by poorer achievement scores and lower teacher ratings. First grade success appeared doubtful for these two groups of children. Kindergarten may need to play a "readiness" role, as it was initially conceived to do.

Children have different combinations of the complex set of skills necessary to perform in a school environment, some of which can best be revealed by actually observing children function in that environment. It appears that necessary skills include being behaviorally adept as well as academically prepared. While the two skills are related, it is clear from this research that they are not identical.

Screening and Assessment

The Relationship between the Cooper-Farran Behavioral Rating Scale and Behavioral Observations of Preschool Children with Disabilities

Mark S. Innocenti, Linda Goetze
Presenter: Mark S. Innocenti

Researchers in the field of early intervention for preschool children with disabilities have been interested in identifying and teaching classroom "survival skills" so that children with disabilities can maintain placements in future inclusive educational settings. If the Cooper-Farran Behavioral Rating Scale (CFBRS) could be used with children with disabilities, it could help identify those children who might fare better in future environments, and it might help guide intervention efforts. Because construct and predictive validity have not been established for the CFBRS for preschool children with disabilities, this study was designed to (1) determine the relationship between CFBRS scores with observational data on the behaviors of preschool children with disabilities and (2) compare the relationship between scores on the CFBRS with parent and teacher perceptions of children's development.

The subjects were 58 children enrolled in a preschool program for children with disabilities. Each child's teacher completed the CFBRS at the end of the academic year. Concurrently, all children were observed using the Ecobehavioral System for the Complex Assessment of Preschool Environments (ESCAPE). Each child's parents and teacher independently completed the section of the System to Plan Early Childhood Services (SPECS), which evaluates children on seven developmental domains.

The results of the study indicated that parent and teacher perceptions of development correlated significantly with the CFBRS work-related skills score (WRS) in all domains assessed by the SPECS except the sensorimotor domain. The self-regulation domain of the SPECS was the only domain that correlated significantly with scores on the interpersonal scale (IPS) of the CFBRS.

Results from the ESCAPE observation indicated that WRS scores were significantly correlated with (1) occurrences of child engagement in defined activities and (2) occurrences of appropriate behavior when children were not engaged in a defined activity. Interestingly, child engagement in the specific activity of play, when it was the defined activity, was significantly correlated with WRS, whereas engagement in other specific activities was not. IPS was not significantly correlated with any measure observed by the ESCAPE.

CFBRS construct validity and the implications of these results for early intervention programs were examined.

Screening and Assessment

The Group Dynamic Assessment Screening Procedure (G-DASP)

Katherine H. Greenberg, Carol S. Lidz
Presenters: Katherine H. Greenberg, Carol S. Lidz

There has been an almost frantic search for more authentic approaches to assessment of children's learning in school. The idea of authenticity calls for a closer relationship between the contents and processes of learning and their assessment. Many alternatives have been designed in response to the calls for change and increased authenticity; however, most of the alternatives remain focused on the products of learning and provide few diagnostic insights into the problems of learning.

Dynamic assessment offers an alternative to assessment that offers both authenticity and attention to processes that have demonstrated relationships to academic content. Dynamic assessment, in its most broad and generic sense, refers to a pretest-intervene-posttest approach, which introduces intervention into the assessment process.

The Group Dynamic Assessment Screening Procedure (G-DASP) was designed for application to programs that incorporate "thinking skills"-type curricula. It is administered to an entire class and is appropriate for children in kindergarten through Grade 3. The G-DASP is based on the Cognitive Assessment System, authored by J.P. Das and Jack Naglieri. It is in the process of national standardization and will soon be released by Riverside Press. This procedure assesses four processing areas: attention, planning, simultaneous coding, and successive coding. One measure from each processing battery has been adapted from an individually administered procedure to a group procedure for the G-DASP, and interventions have been designed to produce a pretest-intervene-posttest format.

A unique aspect of the G-DASP approach is the opportunity for the classroom teacher to participate in the assessment in the role of observer. Teachers are asked to identify up to five students of special concern; they then observe and rate the behavior of these students during the course of the four G-DASP interventions. In this way, the link between assessment and instruction is facilitated and placed directly in the hands of the primary source of instruction.

The G-DASP has been piloted with children in both Montana and Tennessee. The data document the gains the students made in response to the interventions (mediations), as well as the relationship between scores for each process and standard achievement test results. The data contribute to evidence from other studies of dynamic assessment that show posttests to be better predictors than pretests. Information from the G-DASP is also used to investigate the effects of the Cognet Follow-Through program, designed by Greenberg and developed through the University of Tennessee.

Screening and Assessment

The Relationship between Puerto Rican Parent Mediations and Their Children's Competence in Their Preschool Program *Nellie Zambrana-Ortiz*

Presenter: Nellie Zambrana-Ortiz

Based on Feuerstein's theory of Structural Cognitive Modifiability and the role of Mediated Learning Experience, this study investigated the relationship between the Mediated Learning Experiences (MLE) offered by parents to 26 preschool children enrolled in an urban Puerto Rico Head Start program.

According to Feuerstein, cognitive modification occurs as a result of direct contact or exposure to stimuli perceived through the sensory mechanisms and when an active human mediator operates between the individual and the environment, mediating the experience to the individual. Child-parent dyads were videotaped individually in two sessions (play situation and teaching situation) of 10 minutes each. Videotapes were scored on Lidz's Mediated Learning Experience Rating Scale (MLERS) by two Puerto Rican psychologists. This scale assesses the mediator, determining the degree of MLE provided by her or him. The scale incorporates the components described by Feuerstein and extended by Lidz (which had been associated with children's cognitive functioning): intentionality, transcendence, meaning, joint regard, sharing of experience, task regulation, praise, psychological differentiation, affective involvement, and contingent responsivity. The school functioning variable was assessed with the Vineland Adaptive Behavior Scale, which measures adaptive behavior (communication, daily living skills, socialization, motor-skills domains).

Correlations indicated differences in the relationship between the child's school functioning and mothers' and fathers' MLE. Mothers' total mediation score was found to be significantly related to school functioning regarding daily living skills ($r = .38$, $p < .05$). Other mother's MLE components (i.e., meaning, joint regard, task regulation) were also significantly correlated with daily living skills ($r = .46$, $r = .47$, $r = .39$, $p < .05$, respectively). Mothers showed a wider repertory of MLE related to daily living skills than to other school-functioning variables, supporting the social role of the mother at home and how she reproduces it in the form of mediation for her child. In contrast, fathers showed a narrow repertory of overall MLE behaviors. Only transcendence significantly correlated with three of the school functioning variables (i.e., communication, daily living skills, socialization) supporting Feuerstein's theory, which places a great emphasis on transcendence for the development of abstract thinking in the child. A significant association was found between the father's mediation of affect involvement ($r = -.42$, $p < .05$), praise/encouragement ($r = -.61$, $p < .05$), and the total scale of motor development on the Vineland. However, the negative direction of this correlation suggests that the higher the level of mediation on affect-laden components, the lower the child's score on motor development.

Puerto Rican mothers and fathers contribute in different ways to their children's functioning in school. Intentionality, meaning, transcendence, praise, contingent responsivity, joint regard, and affective involvement of fathers' MLE may account for school functioning in all areas except communication, while meaning, joint regard, task regulation, and transcendence of mothers' MLE may account for school functioning. This supports the notion that behaviors considered cognitively laden promote personal, domestic, social, interpersonal, motor, play, coping, and community skills in low-SES Puerto Rican preschoolers. The MLERS can extend the examiner's assessment repertory into the Puerto Rican family domain, allowing a multidisciplinary and sensitive approach in working with parents.

Screening and Assessment

Dynamic Assessment: Language Difference Versus Language Disorder

Elizabeth Pena, Aquiles Iglesias
Presenter: Elizabeth Pena

It is well known that children who do not match expectations of standardized language tests often score lower than the national norms, even though they may have normal language-learning abilities. Dynamic assessment is proposed as an alternative that can reduce test bias and take previous experiences into account during the assessment process. Two studies with low-SES, urban preschool Latino- and African-American children demonstrated the usefulness of dynamic assessment in differentiating language difference from language disorder. Both studies used a test-mediate-retest format to teach labeling strategies to Head Start children.

The first study used mediated learning experience (MLE) to teach labeling strategies to 60 Head Start children. Children participated in two 20-minute MLE sessions during a 3-week period. Pretest scores revealed that all the children scored significantly below the national norms on the Expressive One-Word Picture Vocabulary Test and that the normal and disordered groups did not score significantly differently from each other. Posttest scores (after MLE) showed that the groups were significantly differentiated. Specifically, the normal group increased their scores, while the disordered group showed little improvement. Remarkably, observations completed during MLE were the strongest predictor of group.

The second study used the same methodology as the first study, with the addition of a no-treatment group and two other standardized tests. The two tests used were the Comprehension Subtest of the Stanford-Binet Test of Intelligence, which requires knowledge of body parts, object functions, and process ("why" questions), and the Preschool Language Scale, which requires knowledge of academic language (e.g., prepositions), colors, and numbers. These tests were used to document possible generalization of labeling strategies to slightly different tasks.

In general, results were consistent with the first study. The treatment group showed a significant pretest-posttest change when compared to the non-treatment group. Second, the treatment group showed significantly higher scores on the CSSB and the PLS from pretest to posttest, indicating that the children generalized strategies to other tasks in addition to the target task. Finally, analysis of the experimental groups' response types indicated that both high-language- and low-language-ability children benefited from MLE, even though they did so differently. Specifically, the high-language-ability children increased the number of correctly labeled responses. The low-language-ability children increased the number of correct labels and within-category labels, while reducing the number of "I don't know" and descriptions/gestures.

In summary, these two studies demonstrate that dynamic assessment can be used to distinguish language difference from language disorder using MLE. High-language- and low-language-ability children were differentiated on the basis of pretest-posttest patterns and on measures of modifiability. This further validates the use of modifiability measures as a criterion for evaluating language ability. Furthermore, the test-teach-retest approach can help to limit test bias by providing children with experience during the assessment process. Overall, the application of dynamic assessment to language assessment is promising for children from diverse language backgrounds and experiences.

Screening and Assessment

Systematic Screening and Assessment for Head Start *John H. Meier*

Presenter: John H. Meier

This study presented preliminary findings derived from the developmental screening of more than 5,000 Head Start children during two consecutive program years (1991-92 and 1992-93). These children were participants in the Preschool Services Department's Head Start program in San Bernardino County, California. This program serves rural and urban preschool children and their multiethnic, multigenerational, and impoverished families. The subsequent linking of individualized developmental profiles with developmentally appropriate preschool experiences and curricula (e.g., I.E.P.) is the goal of such screening and assessment.

Each child's developmental status was determined using a locally generated Child Developmental Screening Form, which includes 60 observable behaviors representative of standard developmental milestones. Ten developmentally appropriate items constitute each of the six traditional domains, namely Self-Help, Fine Motor, Gross Motor, Social/Emotional, Thinking/Cognitive, and Language.

A total of 2,753 children, 4 and 5 years of age, attending Head Start programs at 28 sites comprised the subject population. There were developmental gains for all of the 2,753 children in every developmental domain from beginning to end of PY 1992-93 (approximately 8 months). The greatest absolute gains were in the Socio-Emotional and Language domains: each with gains of approximately 9 points out of a possible 20. The average gain across all domains was approximately 6 points (beginning = 12; ending = 18).

A subset of 278 Head Start children who were certified to have one or more disabilities showed the greatest absolute gain of 13 points out of a possible 20 in the Socio-Emotional domain; their average of 11 points' progress in the Language domain was equally noteworthy. The children with disabilities had lower scores on average at the entry and exit screenings, but as a group they showed a greater average gain of 11 out of a possible 20 points, or total gain of 66 out of a total possible 120 points.

The current version of the Child Development Screening Form has developmentally appropriate items (with a range of difficulty sensitive to differentiating this typical Head Start age group's developmental trajectories and variations). It is also user- and child-friendly, economical in both material and professional time and costs, and meets the requirements of the Head Start Performance Standards.

The next research steps should plot potential developmental trajectories for various developmental exceptionalities and track any shifts in "slope of the curves" as a result of intervention and in comparison to matched control and/or comparison children. Although the number and ethnic diversity of children in this study is respectable, it would be necessary to replicate these findings in other Head Start populations throughout the U.S. to further fine-tune and standardize the forms and approach. An item analysis should be done to determine which items are the most valid, reliable, and useful for individual programming. This empirically validated approach will enable professionals to identify the strengths and weaknesses of each child and individually tailor the program to best fit and facilitate each child's optimum growth and development.

Screening and Assessment

Infant/Child Monitoring Questionnaires: Parent-Completed Questionnaires for Developmental Screening *Jane Squires, Diane Bricker*

Presenter: Jane Squires

One cost-effective strategy for screening infants at risk for developmental delay is to have their parents supply developmental information. Based on work from numerous investigators who reported substantial agreement between parent and professional assessment of a child, a longitudinal screening system was developed specifically for use by parents. The Infant/Child Monitoring Questionnaires are a set of eight questionnaires designed to be completed by parents at 4-month intervals until age 24 months, and then again at age 30 and 36 months. A 4-year questionnaire is currently under development. Each questionnaire contains 30 simply worded developmental items.

Studies on the validity, reliability, and cost of the Infant/Child Monitoring Questionnaires have been undertaken by the Center on Human Development during the past 10 years with over 1,000 families. In the first two major studies, funded by the National Institute for Handicapped Research, concurrent validity data on the agreement between the classification of the parent-completed questionnaires (e.g., normal/abnormal) and a standardized assessment (Gesell, Bayley) were gathered. The mean percent agreement for the first 6 questionnaires (4, 8, 12, 16, 20, 24 months) was 88%. Test-retest and interobserver reliability exceeded 90%. Each questionnaire cost approximately $2.50, including mailing, postage, and scoring. Subsequently, a March of Dimes Research Foundation study examined the use of the questionnaires with parents from differing socioeconomic backgrounds. Although no significant findings relating to increased parental knowledge as a result of completing the questionnaires were found, parents from all socioeconomic backgrounds completed the questionnaires with reasonable accuracy. Currently, the Center on Human Development is funded by the National Institute on Disability and Rehabilitation Research to study the use of the questionnaires with low-income and culturally diverse populations. Accuracy of the parents is being examined by comparing the classification of the infants' performance as normal or abnormal on the Infant/Child Monitoring Questionnaires, with the classification derived from the professional assessment using the Bayley. At 12 months, 91% of classifications of questionnaires completed by risk parents ($N = 54$) and 93% of classifications completed by nonrisk parents ($N = 43$) agreed with classifications on the professionally administered Bayley. Evaluations at 24 months and 30 months are underway. Preliminary findings suggest that although information from some parents (e.g., parents using illegal substances, parents with limited cognitive abilities) must be regarded with suspicion, developmental information obtained from parents from high-risk environments may be accurate and useful in the screening process.

Because of the low cost of the system, inclusion of parents as monitors, and national policy changes brought about by Public Law 99-457, interest in the questionnaires has been high. Nationally, over 300 sites, including school districts, medical centers, universities, state and county public health departments, Head Start programs, and social service agencies are using the questionnaires. In addition, the Infant/Child Outreach Training Project is assisting six states each year to implement the questionnaires as part of statewide tracking projects. Research on the validity and reliability of the Infant/Child Monitoring Questionnaires, as well as tracking project evaluation, is ongoing. Currently, the Center on Human Development is disseminating the questionnaires, along with information on implementation and evaluation.

Screening and Assessment

Children At Risk Screener (CARS): A Head Start Application

Doris Aaronson, May Aaronson

Presenters: Doris Aaronson, May Aaronson

Children At Risk Screener (CARS) is appropriate for identifying Head Start children who may need early intervention, in accord with recent federal education acts. CARS is a quick (about 10 minutes), game-like, receptive language test for 2 to 6 year olds. After brief practice on component names ("car," "head"), children place a red magnetized half-ball on a yellow board with a red boy and a green car in response to each of 23 prepositional or locative phrases (e.g., "put the ball 'under' the car"). Examiners mark placements with an "X" on 23 reduced-sized picture score sheets. A count of Xs in shaded areas on a carbonless undersheet yields the child's score, which can be compared to age norms and suggested criteria for normal cognition or cognitive delay. The standardized administration, objective scoring, and simple score-interpretation procedures can be performed by nonprofessionals, including Head Start teachers and mothers.

Research with urban, suburban, and rural Head Start children provided three types of concurrent validity data for CARS: (1) CARS scores increase with age for both lower class and upper middle-class children; (2) CARS scores correlate well with established cognitive tests (PPVT, Stanford-Binet IQ test, and ABC school readiness test); and (3) CARS scores correlate well with behavioral measures such as the CBD teachers' rating scale. Further, two types of data provide evidence for CARS' predictive validity. First, good correlations were obtained between Head Start CARS scores and standardized school performance tests (CAT, ITBS) 5 years later, at the end of the third grade. The CARS prepositional and locative items incorporate three aspects of cognition relevant to school performance: verbal comprehension, spatial relations, and the ability to relate these two conceptual levels. Second, Head Start CARS scores discriminated well between children who were later placed in regular, versus special-education, classes in the third grade follow-up research. Thus, CARS is useful in Head Start to identify children at risk for cognitive delay.

Supplementary data suggested interactive behavioral mechanisms for some problems that are often related to cognitive delay. Quality of mother-child interactions correlated with CARS scores. In home-based intervention programs, children of mothers rated as hostile, ignoring, low nurturance, or low verbal typically scored low on CARS. Further, qualitative aspects of child behavior (ratings on prosocial and antisocial items) also correlated with CARS scores. Thus, poor parenting quality may reduce children's attention and interactions during naturally occurring learning opportunities. Alternatively, maladaptive child behavior may "turn off" potential teachers (parents, siblings, or caretakers) in the child's environment. Regardless of the causal direction (and both may occur), poor-quality parent-child interactions may often be linked to non-optimal interactions between the child and the natural teaching/learning environment. This theoretical framework suggests that intervention and special assistance programs for children at risk for cognitive delay should focus on interactive aspects among the child, parents, and learning environment, rather than on only one or another of these components.

Screening and Assessment

Using Information from Parents in Developmental Screening of Preschool Children *Karen Diamond, W.G. LeFurgy, J. Przybylinski*

Presenter: Karen Diamond

This research examined the role of parents' observations and concerns for their child's development in screening for developmental delays in preschool children. Specific questions included: (1) What are the relationships between parents' concerns and the child's performance? (2) Do parents' observations of their child provide additional information to the screening process? (3) What are the relationships between parents' concerns when their child is preschool age and the concerns that parents report once their child has entered school?

Subjects were 86 children (50 males, 36 females; mean = 48.4 months; SD = 9.8 months) who attended one of two community screening clinics. The Revised Denver Developmental Screening Test (RDDST), and a clinical protocol for screening speech and language skills were administered to each child. Parents completed the EAS Temperament Survey for Children, a checklist version of the RDDST prior to the screening and described specific concerns they had about their child. Two-year follow-up information was obtained through telephone and mail contacts with parents of 48 children.

The results of this study indicated that children whose parents reported concerns at the initial screening were significantly more likely than were other children to fall within the "at-risk" range of performance on these screening measures. Two variables, parents' concerns and their reports of their child's behavior on the EAS Activity subscale, accounted for 27% of the variance in the likelihood of referral at the time of initial screening. Children who were referred at the time of screening were more likely to have subsequently identified learning problems than were children who were not referred (sensitivity of referral = 79%; specificity = 62%). When the criterion for "screening referral" included either failure on a screening measure or parents' concern, sensitivity of referral increased to 86%. At the initial screening, 65% of parents reported general concerns for their child, and 34% of parents reported concerns about their child's cognitive or language development. In contrast, only 34% of parents reported general concerns at the follow-up, with 16% of parents reporting concerns about specific cognitive or language skills.

In this study, parents' concerns for their child's development reflected developmental concerns also identified by professionals. This was true across socioeconomic classes of parents. In addition, child characteristics — specifically higher ratings on measures of activity level — were associated with an increased likelihood of referral for developmental concerns during the preschool years. Parents' ratings of their child as more "active" during the early elementary years were also associated with learning problems in school. Finally, parents' concerns for their child's development decreased over the period from preschool to first grade. These findings suggest that obtaining information from parents, including information about their concerns for their child, may be a particularly valuable supplement in developmental screening.

Screening and Assessment

The Baltimore Screening Program for Children Entering Foster Care: A Model for Forging a New Partnership between Head Start and the Foster Care System

Grady Dale, Lisa A. Hessenauer, Joshua C. Kendall, Margie Lance, Dana M. Holmes
Presenters: Grady Dale, Lisa A. Hessenauer, Joshua C. Kendall, Margie Lance, Dana M. Holmes

The Baltimore City Screening Program for children entering foster care provides medical and mental health services for 150 to 250 children per month. Most children entering foster care have been neglected, abused, or abandoned by substance-abusing parents. The screenings identify medical and psychological problems. The clinic provides any needed emergency services before sending the children on to the next level of intervention.

The children range in age from birth to 19 years. Of the clinical population, roughly one quarter are between 3 and 5 years old. Many of the 3 and 4 year olds are referred to Head Start. The foster care screening program is perhaps the only centralized (i.e., city-wide) conduit for linking underserviced inner-city children with Head Start programs. Because foster children do not live with their biological parents, they rarely gain access to Head Start.

The medical screening consists primarily of a physical examination. Blood tests are administered to check for anemia and lead poisoning. The children also receive a skin test for tuberculosis. Acute medical problems, such as colds, ear infections, asthma, ringworm, scabies, and head lice, are treated on site. Within 2 months of the screening, all children are required to have a comprehensive physical examination. Referrals to primary-care providers are stressed, especially for the management of chronic illnesses, such as asthma, eczema, strabismus, and heart murmurs. Mental health screenings include interviews with the child, caseworker, and caregiver, if present, in addition to the administration of psychometric instruments. The child's play and interaction are also observed in a natural setting. The 3 to 4 year olds are administered the Denver Developmental Screening Test-Version II. At the time of the screening, few of these children have been in preschool programs, and they tend to demonstrate delays in language and school-readiness skills. Children demonstrating such cognitive delays are referred to Child Find for further evaluation. Common emotional problems in this age group include undersocialization, impulsivity, overactivity, inhibition, and passivity.

The overriding impetus behind this project was to facilitate access to Head Start for foster children. This presentation centered around the public policy question of how to forge more formal liaisons between local Head Start programs and foster care systems across the nation. It was proposed that the Baltimore program serve as "a working model in progress" for a new partnership between Head Start and foster care.

The presentation consisted of three parts. First, the procedures of the mental health and medical screening program were outlined. A screening model, as opposed to comprehensive evaluations, is particularly cost-effective and efficient in identifying problems and directing children through the system. Second, the demographics of the population were presented. The entire population was described, with special emphasis on the 3- to 5-year-old subpopulation that is of particular relevance to Head Start. Third, several public policy recommendations were outlined. Particular emphasis was placed on fine-tuning the referral mechanism to Head Start programs within the context of a stronger working relationship between Head Start and foster care.

Screening and Assessment

The Preschool Socioaffective Profile: Its Application to a Head Start Population

Jean E. Dumas, Wendy J. Walton

Presenter: Jean E. Dumas

Designed specifically for preschool teachers and administrators, the Preschool Socioaffective Profile (PSP) is a newly developed and validated instrument that assesses characteristic patterns of affective expression, social competence, and adjustment difficulties of preschool children in interaction with peers and adults. This study evaluated the instrument's usefulness, acceptability, and appropriateness to a Head Start population. Teachers in two predominantly rural Head Start programs in Indiana completed the 30-item, short form of the PSP for each child attending their program in the fall of 1991 and 1992 and again in the spring of 1992 and 1993. Two teachers completed the PSP for each child independently, as well as another well-validated child behavior rating scale, the 89-item Revised Behavior Problem checklist (BPC). In accordance with the requirements of the Head Start Mental Health Component, the data were used to screen children for the presence of high levels of social competence or adjustment difficulties. A total of 219 children participated.

Results showed that (1) teachers generally agreed in the ratings they provided; (2) ratings obtained with the short form of the PSP were supported by those obtained with the much longer BPC; (3) 19 children (8.7%) obtained scores at or above the 98th percentile on the social competence scale of the PSP (and corresponding scores at or below the 25th percentile on both the anxiety-withdrawal and anger-aggression scales), indicating that they displayed significantly high levels of competence and low levels of dysfunction and suggesting that they may benefit from enrichment programs in addition to the services provided by Head Start; and (4) 11 children (5%) obtained scores at the 98th percentile on the anxiety-withdrawal scale of the PSP, 8 children (3.7%) obtained scores at the 98th percentile on the anger-aggression scale of the PSP, and 2 children (1%) obtained scores at the 98th percentile on both the anxiety-withdrawal and anger-aggression scales, indicating that these children displayed significantly high levels of dysfunction and suggesting that they may benefit from professional services in addition to the services provided by Head Start.

Following corroboration through staff conferences and classroom observations, results of this screening were used to complete each child's Head Start Child Health Record (Form 9, Psychological and Social Development) and, if appropriate, make referral for the child to receive additional services aimed at further enhancing the child's social competence or addressing the child's adjustment difficulties. Teachers responded to the use of the PSP in an overwhelmingly positive manner, commenting on its use not only as a screening device, but also as an instrument that guides their informal observations of the children in their care.

These results show that the PSP can help Head Start staff (1) make informed decisions about a child's psychological and social development and (2) track children's psychological and social functioning from the beginning to the end of the school year, as required by the Head Start Mental Health Component.

Screening and Assessment

Comparisons among Children, Assessments, and Head Start Experience

Charles W. Hill, Suzanne D. Hill, Sharon Hutson, Janna Rode
Presenters: Charles W. Hill, Suzanne D. Hill, Sharon Hutson, Janna Rode

The teachers of the Regina Coeli Child Development Center in southeast Louisiana assess the knowledge and skills of their Head Start children at the beginning and end of each program year in order to individualize the curriculum for each child, improve the transition to kindergarten, and provide information to staff and board members.

During 1991-1992, the Carolina Developmental Profile, supplemented by self-help and social-skills rating scales, was administered to 940 children in eight centers. The data were organized by four age groups (3 year olds, young 4s, old 4s, and 5 year olds) and two disability groups (speech and physical health impairment). Five levels were established for the scores within each field and scale, and "appropriate-age" levels were assigned to each group, with the Carolina levels related to its age norms and the scale levels based on prior local experience.

The children of all ages and disabilities (1) covered three to four levels on all assessments both at the beginning and at the end of the program year, (2) were about one level higher on the Carolina and about two levels higher on the SH/SS scales at the end of the year than at the beginning, and (3) achieved about two levels higher on the Carolina than on the scales at both the beginning and end of the year. The direction and consistency of these results (1) provided some evidence for the validity of the assessments and (2) indicated that the children were further behind in the development of self-help and social skills than they were in motor, perceptual, cognitive, and language skills.

Almost all of the 4-year-old children were at their age level or above on the Carolina by the end of the year, but the 3 year olds and 5 year olds did not achieve this desired goal. On the self-help/social skills, very few of the children of any age reached their age level by the end of the program year. When the age-level achievement of each age group at the end of the year was compared with that of the next older age group at the beginning of the year, when they were approximately the same age, the average percentage of the younger children was 43% greater, showing rather directly the impact of the Head Start experience.

The 4-year-old speech and health disability groups were 30% lower than were their normal age mates, but they increased from fall to spring by about the same amount. The 4-year-old girls were generally higher than the boys on all assessments. The fields and scales that gave the most difficulty to all groups were "visual perception," "receptive language," "dressing," and "independence."

These annual analyses will continue in order to find the best combination of situational and observational assessments that will provide reliable and valid information on the children in order to achieve all three of the goals listed above.

Screening and Assessment

Preschool Observation of Classroom Experience: Measuring the Quality of Children's Experiences in Early Childhood Programs *David A. Caruso, Loraine Dunn*

Presenters: David A. Caruso, Loraine Dunn

The purpose of this presentation was to share information about a new instrument designed to measure the quality of the experiences of toddlers and preschoolers in early childhood programs. While there are several instruments available to assess the overall quality of programs (i.e., Harms and Clifford's Early Childhood Environment Rating scale), observational measures that yield detailed descriptions of important aspects of children's actual behavior in early childhood settings are less available. This presentation described the POCE (Preschool Observation of Classroom Experience) and presented the findings of a study comparing POCE observational data with teacher ratings of children's behavior using a questionnaire instrument, Shaefer and Edgerton's Classroom Behavior Inventory. The POCE records qualitative aspects of children's classroom experiences in terms of social interaction, affective expression, and exploration and play, using an event-recording system during "free play" in preschool classrooms.

The sample for the study included thirty-eight 2- and 3-year-old children enrolled in two campus early childhood programs. Each child was observed for the POCE on 6 different days, for 20 minutes of a free-play period each day. Additionally, the classroom teacher completed the Classroom Behavior Inventory questionnaire on each child. The POCE yields measures of the type, amount, and quality of social interaction and emotional expression. The quality and type of play were assessed, as well as whether it was solitary or interactive. The Classroom Behavior Inventory results in measures of sociability, politeness, independence, persistence, inquiry, and verbal intelligence.

Descriptive data for the POCE variables provided a rich and detailed description of individual differences in dimensions of social, affective, and play behavior and/or characteristics of the group in those areas. For example, in this sample there was much more positive affect than negative affect, but little high-intensity affect. The children engaged in about equal amounts of solitary and social play, and there was much more positive social interaction than negative social interaction. The second category of findings involved relationships among POCE variables and between POCE and teacher ratings of children's behavior using the Classroom Behavior Inventory. These data provided some insights into the validity of the POCE observations and also highlighted the differences between observational measures and rating scales. For example, children who had more social interactions with adults were found to engage in more total play ($r = .39$), and those with more verbal social interactions were involved in more pretense play ($r = .37$). More verbal social interactions were also associated with more negative affect ($r = .37$) and higher intensity affect ($r = .36$).

Screening and Assessment

Investigation of a Multigated Identification and Screening System for Preschool Behavior Problems *Edward G. Feil*

Presenter: Edward G. Feil

This research involved the development of a screening system for behavior problems among preschool children, aged 3 to 5, through adaptation of the Walker/Severson Systematic Screening for Behavior Disorders procedures. The Systematic Screening for Behavior Disorders is a multiple-gating screening instrument for use with elementary school children. This adaptation was based on empirical findings from past studies and reliability and validity testing of the revised instrument.

Indicators of problem behavior in early childhood are different from those that become observable in the school-age population. Therefore, the question arises, "Are there characteristics that will discriminate between those who will outgrow these behaviors and those who will not?" The identification of behavior disorders (BD) in preschoolers must include assessment of frequency and intensity relative to a normative context.

Subjects for this study were 64 children, aged 3 to 6, enrolled in a Head Start program in the Northwest. Measures used were the Preschool Adaptation of the Systematic Screening for Behavior Problems (PSBP) and the Conners rating scales. The PSBP is a 3-stage, multiple-gating procedure to screen for behavior disorders among preschool children, aged 3 to 5. Stage I is based on teacher rankings of their students on Externalizing and Internalizing behavior dimensions. Stage II is a behavior checklist consisting of four measures: Critical Events Index parts A and B and Adaptive and Maladaptive Behavior indexes. Stage III measures consist of direct observations of a child's Structured-Activity Engaged Time (SAET) in the classroom and positive and negative Peer Social Behavior (PSB) in the classroom and playground. The Conners Questionnaire is widely used to assess children aged 3 to 17 for behavioral problems, especially for Attention Deficit Hyperactivity Disorder. Test-retest reliabilities of Conners' questionnaire range from .70 to .90. The concurrent validity of the Conners was tested with correlations to parent ratings ranging from .33 for the Conduct Problem factor to .45 for the Inattentive-Passive factor.

These findings are very promising. The reliability and validity data show strong results. The false-positive and negative error rates for both the Externalizer and Internalizer groups were very low. In summary, the Preschool Adaptation of the Systematic Screening for Behavior Disorders has been shown to have substantive potential for use in preschools. Currently, plans are being made for future studies with a greater and more diverse number of subjects, including a longitudinal follow-up on these subjects, as well as a broadening of the sample population to other locations.

Screening and Assessment

Multiple-Source Screening: Using Data from a Parent Questionnaire and a Developmental Screening Instrument to Identify Children at High Risk for Developmental Problems *Samuel J. Meisels, Kimberly Browning, Kathleen Quinn-Leering*

Presenters: Samuel J. Meisels, Kimberly Browning, Kathleen Quinn-Leering

This project was designed to study the validity of the Early Screening Inventory (ESI), a developmental screening instrument for 3 to 6-year-old English- and Spanish-speaking children, and its Parent Questionnaire. The ESI was normed on a nationally representative sample that included large numbers of Head Start children, and its reliability and validity have been established for 4- and 5-year-old English-speaking children on both a short- and long-term basis. The purpose of the ESI is to identify young children who are at high risk for developmental problems and school failure.

This project was intended to test the hypothesis that the ESI Parent Questionnaire could be used efficiently and effectively as part of a two-stage screening process. Based on this research, in the first stage, all parents would complete the Parent Questionnaire. In the second stage, all of those children who were positive on the Parent Questionnaire would be screened with the ESI. Those who were positive on both the Parent Questionnaire and the ESI would be referred for further evaluation.

In the current study, the Parent Questionnaire and the ESI were administered to 1,500 3- to 6-year-old English-speaking children. Seven to 9 months later, the McCarthy Scales of Children's Abilities (MSCA) will be administered to 375 children (all of those who were positive on the ESI and the Parent Questionnaire, and an equivalently sized random sample of those who were not positive on either screening). In addition, 300 Spanish-speaking 3 to 6 year olds will be screened using the Spanish version of the ESI and Parent Questionnaire, and follow-up will occur with 100 children using Spanish-speaking MSCA assessors. It is hoped that previous research on the ESI can be extended by demonstrating that parent reports, when combined with individual screening, can result in a highly efficient screening process for both English- and Spanish-speaking children across the age range of 3 to 6 years. Approximately 30 Head Start, public school, and private preschool sites will participate in the data collection.

This study should help achieve the overall goal of accurately identifying high-risk children as early as possible in order to provide effective early intervention in Head Start. It should also demonstrate how multiple-source screening information can enhance the process of early identification.

Screening and Assessment

Evaluating the Usefulness of Popular Methods for Assessing Social Competence in African-American Head Start Children

Patricia H. Manz, John W. Fantuzzo, Paul A. McDermott, Marc Atkins
Presenter: Patricia H. Manz

Head Start has clearly announced the need for advancing the present assessment technology available for preschool social competence. This study represents an effort to contribute to knowledge about reliable and valid methods and strategies for evaluating preschool social competence, focusing specifically on African-American children, who are the largest minority group served by Head Start. The specific purpose of this study was two-fold. First, exemplar measures of social competence, each representing a major method of assessment, were individually evaluated to determine their usefulness with African-American Head Start children. These methods include the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (PSPCSA), a self-report instrument; the Social Skills Rating System, (SSRS; parent and teacher versions), behavior rating scales; and peer ratings and nominations, sociometric procedures. The second purpose of this study was to empirically assess the validity of the multimethod assessment strategy. Although it is a popular assessment strategy, neither its superiority to single-method assessment nor the specifics of what types of measures should constitute the multiple-method assessment have been scientifically investigated.

The first phase of analyses, which served to evaluate the usefulness of the PSPCSA for African-American Head Start children, was presented. PSPCSA data were collected from nearly 400 children. To assess the external validity of the existing PSPCSA factor structure, the analyses used to develop this measure were repeated.

Findings showed that the structure did not replicate with this population. Further exploratory analyses were undertaken to determine if a statistically sound and psychologically meaningful structure could be produced. A comprehensive series of common factor analyses did not yield a valid and psychologically meaningful structure. Therefore, the results from this study provide strong empirical evidence for the PSPCSA's lack of both construct and external validity and demonstrate that this instrument is inappropriate for African-American Head Start children.

The Oregon Assessment for 3 to 5 Year Olds in Developmentally Appropriate Classrooms: Reliability, Validity, and Usefulness *Steffen Saifer*

Presenter: Steffen Saifer

This research project, funded by a Head Start Research Fellows grant, sought to establish the reliability, validity, and usefulness of a child assessment tool developed by the researcher and a team of Head Start education coordinators. The tool was developed to provide teachers and researchers with a measure for child functioning specific to the theoretical constructs of interactionism, multiple intelligences, and the guidelines for developmentally appropriate practices. It assesses children's progress across all developmental domains, particularly social functioning, and, therefore, can be useful in measuring social competence — the primary goal for children in Head Start. Additionally, the tool was designed to reflect the best practices in early childhood assessment: contextualized, authentic, inclusive of parent input, and culturally sensitive. Such an assessment tool can positively impact teaching practices, as assessment often drives curriculum (intentionally or otherwise). It was designed to assist in the development of functional goals that lead to individualized curriculum planning, track children's progress, and provide rich information for sharing with parents and/or for referral purposes.

The sample included 240 ethnically and economically diverse children from four sites in two states across 54 different classrooms. Two sites were Head Start programs, one was a school district, and one was a child care center.

Reliability was determined by three methods: (1) test-retest reliability involving 80 children who were given the Oregon Assessment a second time by the same assessor within 3 weeks; (2) interobserver reliability involving 80 children who were given the test by two different assessors within 3 weeks; and (3) inter-item reliability involving a factor analysis of the data and a determination of the correlation between factors.

Congruent validity was determined by assessing 80 children with the McCarthy Scales for Children and the Vineland Adaptive Behavior Scales (Classroom Edition) within 3 weeks of administering the Oregon Assessment. The usefulness of the Oregon Assessment was determined by the use of a survey sent to 150 teachers and 50 administrators. Questions employed a 4-point Likert scale and included items such as: (1) the assessment was not overly time-consuming to administer; (2) the assessment gave me useful information about children; and (3) the assessment gave me the information I needed to write developmentally appropriate goals for children.

Screening and Assessment

Cognitive Assessment of Young Children of Teenage Mothers *Patricia W. Mercer, David A. Wagstaff, Susan D. Lima*
Presenters: Patricia W. Mercer, David A. Wagstaff

One of the potential pitfalls in the area of assessment generally involves an unquestioning reliance on the reliability, validity, and normative standards of instruments, especially when the instrument is one of the "gold standard" tools or when the findings of the assessment are in the direction predicted by the hypothesis of the study. Difficulties with interpretation of the findings may result from assuming that the source of variance lies within the individuals or groups being studied, when a more parsimonious explanation may point to the problems with the instrument, such as inappropriate norms.

Accurate assessment of children's development is critical in trying to evaluate the impact of teenage pregnancy and motherhood. Infants of teenage mothers have been noted to experience more developmental delays and perform less well on cognitive assessments. This is an issue of concern on both an individual and a societal level. It is important to establish whether or not all children of teenage mothers are likely to experience interventions. For accurate assessment to be made, it is essential that clinicians and researchers make appropriate interpretations of information from accurately normed, reliable, and valid instruments.

The cognitive development of children born to predominantly African-American teenage mothers living in the inner city was studied to determine whether or not there was a decline in cognitive scores over time, as has been noted by previous investigators (e.g., Field and Egeland). Level of cognitive development over time was evaluated by administering the Mental Development Scale of the Bayley Scales of Infant Development at 18 months of age and at again at 30 months.

A small but statistically significant decline was observed between the 18-month Bayley Mental Development Index (MDI) ($M = 96.24$, SD 15.2) and the 30-month Bayley MDI ($M = 89.58$; SD 14.2). However, when 18-month MDI scores were regressed on age of the baby at the 18-month testing, a statistically significant decline ($r = -.26$) in cognitive score with age of the baby at the time of testing was observed. This was similar to the decline in MDI over time that was observed in a cross-sectional study of middle-class children. It is suggested that the observed decline may indicate questionable age norms rather than change in the children observed. (Note: The Bayley is currently being renormed; the cautionary note is meant to apply to tests generally.) In addition, the use of a linear model to describe cognitive change over time may suggest a sharper decline than is warranted by the data because of the weight given to extreme scores. A locally weighted regression fit (LOWESS) indicated that a large number of the scores clustered around, although slightly below, the normative mean of 100 at both time periods.

A conceptual model of factors that might influence the baby's cognitive development was proposed. When cognitive scores were regressed on factors suggested in the model, only the mother's score on achievement test and gender of the baby were found to be significant predictors of the baby's cognitive score. Males' 18-month Bayley MDI ($M =$ 91.17; SD 16.4) was significantly lower than that of females ($M = 101.31$; SD 12.03); this gender difference increased by the 30-month Bayley assessment (M males $= 81.64$; SD 11.84 vs. M females $= 99.28$; SD 10.28). Although some gender difference may be the result of the slower maturation often described in young males, the pervasiveness of the difference in this study suggests a need for further investigation of this finding and critical consideration of early intervention programs focused on young males.

Contributions of Portfolios to Developmentally Appropriate Practices and Large-Scale Assessment Systems *Jacqueline Leong Cheong, Lynda Peddy*

Presenters: Jacqueline Leong Cheong, Lynda Peddy

As the national effort grows to set high academic standards and create new student assessment systems, educators are increasingly concerned with how to assure that economically disadvantaged and language-minority children are fairly treated. Student portfolios, an integral component of many new student assessment systems, provide a window on both student achievement and opportunity to learn. How are portfolios culturally and linguistically sensitive, developmentally appropriate assessments? What is the contribution of student portfolios to achieving equity in student assessment systems? In what ways do student portfolios document the types of learning experiences to which students have been exposed? In what ways do student portfolios address the diversity of students' home learning experiences?

The Primary Learning Assessment System, a multistate research and development project sponsored by the Council of Chief State School Officers, has been exploring the development of an assessment curriculum as one part of a larger research agenda on student portfolios for grades K-3 and their use for achieving equity. Strategies for communicating the purposes, nature, and uses of the assessments to students, parents, and educators are a central part of the developing curriculum. This presentation described the work in progress of the consortium.

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Social and Academic Competence

Ecological Factors Affecting Young Children's School Readiness

Robert H. Poresky, Bette Morris

Presenter: Robert H. Poresky

The ecological perspective suggests that distal SES actually affects young children via the more proximate influences of parental beliefs and the quality of the home environments in which the children live. A path model was used to analyze the relationships between family demographic characteristics, parent childrearing beliefs, the quality of the home environment, and the children's cognitive development as they entered kindergarten. These results suggest different pathways for more effectively improving young children's school readiness.

A diverse sample of 189 kindergarten children and their parents was obtained by selecting the whole kindergarten enrollment in six public schools representing lower, middle, and upper SES neighborhoods. The children in the lower SES families had much lower DIAL-R concept NCE scores than the children in the higher SES families. This difference was associated with the findings that (1) lower SES fathers placed the least emphasis on verbal stimulation and were the most concerned about spoiling, and (2) lower SES mothers placed lower emphasis on verbal stimulation and were more concerned about spoiling than were higher SES mothers whose children had higher kindergarten readiness scores. In turn, these parental beliefs were associated with parental education and family income.

The correlations between the ecological variables in the model supported the inference of a path of influence from demographic factors to parental beliefs to home environments to the children's cognitive development at the beginning of kindergarten. The correlations between demographic factors and home environments and cognitive development were typically larger and more significant for the lower than for the higher SES families, which suggests a threshold effect for family income.

Multiple regression and Lisrel analyses revealed significant paths of influence from the distal SES indices to parental beliefs to home environment to the young children's cognitive functioning. These paths showed similarities and differences for mothers and fathers and for the lower and higher SES families. For the lower SES families, the regression path analysis showed a strong influence of demographic factors, particularly parent education for mothers and family income for fathers, on the quality of their home environments and their children's cognitive development. For the higher SES families, the influence of demographic factors in predicting the quality of their home environments and their children's cognitive development was less, and the influence of parental childrearing beliefs and the home environment was more apparent.

The significant paths suggest differentially effective points for strengthening children's school readiness when working with mothers and fathers and parents of differing social status. In addition to offering appropriate parent education to lower SES parents, there appears to be a need to help these parents improve their educational and financial status as a foundation for improved childrearing. For higher SES parents, the more effective emphasis would be on appropriate parent education.

Family Influences on Children's School Performance in Diverse Sociocultural Contexts *Richard S. John, Patricia A. Brennan, Gayla Margolin*

Presenters: Richard S. John, Patricia A. Brennan, Gayla Margolin

This study examined family and sociocultural factors that relate to classroom achievement in children. Specifically, the effects of daily parental involvement in the child's home learning on classroom behavior and performance in elementary school children were assessed. In addition, the effects of ethnicity, socioeconomic status, and urban versus suburban setting were examined as both primary influences and factors that moderate the effects of the home environment.

This investigation was undertaken in the context of a longitudinal study of family functioning in the diverse, multicultural urban area of Los Angeles, California. Data were available on 133 families (83 Caucasian, 30 African-American, 9 Hispanic, 4 Asian, 1 Asian/Hispanic, and 6 other minority). Participants in the study were intact family triads of married couples and one child (68 girls and 65 boys) ranging from 8 to 11 years in age. The subject families (mother, father, and child) individually completed 6 weeks of daily home reports on a broad range of day-to-day life, including stress both within and outside the family, marital interactions, parent-child interactions, and the behavior of the child at home and at school.

Analysis focused on the variability in the child's behavior and performance at school over 6 weeks of daily reports. For each family, the effects of the quantity and quality of parent-child interactions at home and the child's self-reported performance at school the following day were examined. Likewise, ways in which the child's perception of his or her day at school impacted the home environment after school were examined. One result of this analysis was a description of the nature of home-to-school and school-to-home linkages; for example, a child was more likely to report that the teacher was happy with the child when the parents reported reading with the child or helping the child with homework on the previous day than when the parents reported no such parent-child learning-related activity. Differences in the type and strength of effects of home environment on classroom success were investigated for subgroups of family triads formed on the basis of the child's gender and ethnicity, parents' economic status, and school setting (urban vs. suburban). This analysis suggests that boys and minority group children are especially likely to report academic success on a school day when a parent has spent time reading with them the night before.

A dynamic conceptual model has been developed to capture the rich interdependencies in the complex system of family and cultural factors and their influence on school performance. This conceptual model can be used as the basis for a more detailed, quantitative computer simulation model used to assess how policy changes might create more desirable school performance in children.

Social and Academic Competence

The Relations between Parental Perceptions of Child Temperament and Attachment, and Young Toddlers' Self-Control and Cognitive Competence

Martine Cournoyer, C. Ruth Solomon-Scherzer, Marcel Trudel
Presenters: Martine Cournoyer, C. Ruth Solomon-Scherzer, Marcel Trudel

Kopp's conceptualization of the development of self-regulation underlines the importance of such factors as parent-child interaction, aspects of temperament, and child cognitive competence. However, few empirical studies have explored the origins and correlates of self-regulation in naturalistic settings. This study examined (1) the relations between mothers' and fathers' perceptions of child temperament and attachment, and (2) the relations between these parental perceptions and very young toddlers' self-control and cognitive competence.

Sixty-seven white French-speaking mothers and fathers independently evaluated both the temperament and the attachment of their child during the last half of the second year (36 girls; 31 boys). Parents assessed child characteristics using Fullard's Toddler Temperament Scale, which provides one score for each of the nine temperament characteristics proposed by Thomas and Chess. Factor analyses revealed four components of temperament: Factor I, Commitment (high on activity and intensity; low on persistence); Factor II, Reluctance (low on approach and adaptability; high on mood); Factor III, Reactivity (high on distractibility; low on threshold); and Factor IV, Arhythmicity.

Quality of attachment was derived from parental responses to Waters and Deane's Attachment Q-Sort. Security, Dependency, and Sociability indices were calculated by correlating individual profiles with published criterion scores. Self-control was assessed in the child's home by using three tasks requiring the child to delay a response to an attractive stimulus (e.g., Vaughn et al.). Child cognitive competence was evaluated with the Griffiths Mental Developmental Scales.

Results showed strong agreement between maternal and paternal evaluations of dependency and the temperament factors of Reluctance, Reactivity and Arhythmicity. Moreover, parental perceptions of security were positively related to child sociability and negatively related to child dependance. Parental perceptions of dependency were positively related to the Reluctance factor of temperament. Child performance on the self-control tasks was negatively correlated with mothers' positive perceptions of security and sociability, and a negative trend was also found between fathers' evaluations of temperament factors Commitment and Reluctance and child's self-control. Child's performance on the GMDS was strongly and positively correlated with fathers' perceptions of security of attachment and sociability, both for the General Developmental Quotient (GDQ) and all the Scale Quotients except for the Locomotor Scale Quotient. No significant effect was found for mothers. A negative trend was present for mothers' evaluations of the temperament factor Commitment and child cognitive competence (GDQ, the Hearing and Speech Scale, Performance Scale, and Practical Reasoning Scale).

Finally, the Locomotor Scale of the GMDS was negatively related to self-control, whereas the Hearing and Speech Scale was positively correlated with self-control. This latter result provides support for the Soviet model of the development of self-regulatory behavior. Findings were discussed in terms of the differential contributions of mother-child and father-child relations to the emergence of self-control abilities and the child's cognitive competence.

Social and Academic Competence

The Roles of Parents, Teachers, and Peers in Head Start Children's Early School Adjustment *Angela R. Taylor, Sandra Machida*

Presenters: Angela R. Taylor, Sandra Machida

Evidence suggests that early intervention has sustained effects on the lives of low-income children in the form of reduced risk for school failure and later social maladjustment. These long-term benefits derive at least partly from the effects of such programs on children's development of "school-relevant social competencies." However, little evidence is available concerning the mechanisms through which enhanced social functioning might be achieved. The present research represents a preliminary effort to examine the contribution of social support from parents, teachers, and peers to early school adjustment of Head Start children.

Sixty children enrolled in Head Start centers in a rural county in northern California participated in the study during the fall and spring of the school year. The sample was 66% white, non-Hispanic, 52% male, and had a mean age of 53 months. Social support measures consisted of teacher reports of parent involvement, child reports of perceived parent and teacher support, and sociometric measures of peer acceptance and friendship. Child outcome measures consisted of the total score on the Developmental Indicators of Learning-Revised (DIAL-R), teacher ratings of task orientation and peer social skills, and child reports of perceived competence on the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children. All measures were administered once in the fall (Time 1) and once in the spring (Time 2).

A series of hierarchical regression analyses was conducted to examine the longitudinal relationships between the predictor variables and children's end-of-year academic and social adjustment. These relationships were examined after controlling for the background variables of parent education, child attributes of sex, ethnicity, and temperament, and the Time 1 criteria.

Results showed that only parent involvement made a significant contribution to children's academic outcomes, after the control variables were taken into account. Time 1 parent involvement was associated with gains in both learning skills assessed on the DIAL-R and teacher-rated task orientation. With respect to social-emotional outcomes, Time 1 peer acceptance/friendship and Time 2 gains in parent involvement made significant positive contributions to gains in teacher-rated peer social skills. Likewise, gains in perceived adult (parent and teacher) support and peer acceptance/friendship were associated with higher perceived competence at the end of the school year. Contrary to expectation, increased parent involvement was associated with a decline in perceived competence from Time 1 to Time 2. A significant sex *x* parent involvement interaction indicated that this negative relationship of increased parent involvement to perceived competence was significant for boys but not girls.

Overall, the findings of the present research indicate that social support from parents, teachers, and peers makes unique contributions to the early school adjustment of economically disadvantaged children. Consistent with prior research, parent involvement was found to play a particularly salient role in children's academic, as well as social, outcomes in school. However, the present finding that increased parent involvement was associated with lower perceived competence, at least in boys, suggests that the impact of parent involvement may vary according to child attributes and across different outcome domains.

Social and Academic Competence

Promoting Competence in Preschool Children of Low-Income Single Mothers: The Impact of Maternal Social Support *Elizabeth Kieschnick, Sheryl L. Olson*

Presenters: Elizabeth Kieschnick, Sheryl L. Olson

This study examined intercorrelations among measures of maternal social support, maternal perceptions of coping, mother-child interactions, and child competence in a sample of 50 low-income single mothers and their preschool children. Families were observed and interviewed in their homes. Mothers' perceptions of social support and coping were assessed through the Social Network Form developed by Weinraub and Wolf. Mother-child interactions were assessed through Bradley and Caldwell's Home Observation for the Measurement of the Environment. Child competence was assessed through children's scores on subtests of the Wechsler Preschool and Primary Scales of Intelligence-Revised, children's scores on Harter and Pike's Pictorial Scale of Perceived Competence and Social Acceptance for Young Children, and mothers' ratings of children's behavior problems on Achenbach's Child Behavior Checklist.

It was hypothesized that mothers who reported feeling satisfied with the support they received would report feeling better able to cope with their parenting and emotional experiences and would interact with their children in ways that fostered cognitive and socioemotional competence. In turn, it was expected that children who experienced a warm, accepting, and appropriately stimulating relationship with their mothers would demonstrate competent functioning. Consistent with these hypotheses, relationships were found between mothers' assessments of child care support and measures of maternal coping, mother-child interaction, and child competence. Mothers who reported that they received the help that they needed with child care also reported feeling better able to cope with emotional and parenting demands. These mothers also tended to interact with their children in accepting, nonpunitive ways and tended to provide them with higher levels of academic stimulation. Their children, in turn, tended to view themselves as cognitively competent and were perceived by their mothers as exhibiting fewer behavior problems. While direction of causality cannot be inferred, the results of path analyses were consistent with the hypothesis that feeling satisfied with child care support may affect child competence in both direct and indirect ways.

The association between child care supports and child competence suggests that one avenue for intervention is to increase the child care options available to low-income single mothers. In the arena of formal sources of support, expanding the availability of programs such as Head Start, which provide high quality, affordable child care to low-income families, may benefit children. Enriching the informal social networks of single mothers may also be needed. Interventions that focus specifically on helping mothers develop skills and establish relationships that help them meet the demands of child care may be especially effective.

The distal factors of low-income and single-parent status are associated with high rates of stress. The effects of these factors on child development are mediated through mothers' interactions with their children. The results of this study suggest that interventions that increase maternal access to satisfying child care support may contribute to the creation of a low-risk proximal environment for these families and may have long-term benefits for child and family functioning.

A Bigenerational Mathematics Intervention Project with Head Start Families

Alice S. Klein, Prentice Starkey

Presenter: Alice S. Klein

The first goal set by the National Education Goals Panel is that by the year 2000 all children in America will start school ready to learn. A growing body of research indicates that economically disadvantaged children are especially at risk for not meeting this school readiness goal in the mathematics domain. Differences in math achievement associated with socioeconomic variables have been found upon entry into first grade, and several studies have revealed a SES-related lag in mathematical development prior to school entry. All constitutionally normal children develop the same types of numerical abilities, but children from different socioeconomic strata develop these abilities at different rates. At 4 years of age, more highly developed numerical abilities are present in middle-class children than in both working-class and impoverished children when matched for ethnicity. Thus, the research evidence suggests that impoverished children are not as ready to learn the elementary school mathematics curriculum as their middle-class peers.

The general objective of this intervention project was to reduce the SES-related lag in early mathematical development and to better prepare Head Start children for the mathematics curriculum taught in the early elementary grades. The intervention was directed at the home environment of Head Start families in order to help parents become their preschool children's first (and ongoing) teachers. Thus, a bigenerational (parent and child) math intervention was conducted with the expectation that enhancement of parents' teaching strategies would lead to positive change in children's early mathematical knowledge. Data related to child outcomes from two interventions with Head Start families were presented.

Bigenerational math interventions were conducted with 32 African-American families enrolled in Berkeley Head Start and 32 Mexican-American families enrolled in Southern Alameda County Head Start. Children were 4 to 5 years of age and were kindergarten bound. In each intervention, families were randomly assigned to either the intervention group or the comparison group. The intervention was comprised of a Head Start Family Math course to help parents become more involved in their children's math education and a Math Library of activities and materials for families to use at home. The course and the library were based on a preschool mathematics curriculum that was developed for this project. Only the intervention families participated in the course and had access to the library of math materials. Child outcomes were assessed in a pretest/posttest design on a broad set of math tasks as well as a reading conventions task.

The principal finding across all groups prior to receiving the math intervention was that the performance of Head Start children was significantly below a comparison sample of middle-class children, matched for ethnicity and age, on every math task. Thus, the data indicate that there is a SES-related lag in early mathematical development. However, this developmental lag in Head Start children's mathematical knowledge was reduced significantly by the intervention. Intervention children improved significantly, relative to comparison children, across a broad spectrum of mathematical abilities, including counting, arithmetic reasoning, and geometric reasoning, among others. In conclusion, the bigenerational math intervention demonstrates that by empowering parents to work effectively with their children, the SES-related lag in impoverished children's mathematical development can be reduced during the Head Start year.

Social and Academic Competence

University of Arizona Child Resilience Project *Angela R. Taylor, Sandra Machida*
Presenters: Angela R. Taylor, Sandra Machida

The University of Arizona Child Resilience Project is a collaboration between the University of Arizona, Child-Parent Centers, Inc., and Community Action Agency of Butte County to study the role of home and school social support in promoting positive outcomes of Head Start children aged 3 to 5. This dual-site project has four main objectives: (1) to examine the contribution of parent, teacher, and peer support to gains in academic and social competence of Head Start children over the school year; (2) to determine whether social support contributes to school adjustment after taking into account family background factors and child entry attributes of sex, ethnicity, temperament, and IQ; (3) to determine whether the relationship of specific types of social support to child outcomes differs according to geographic region, child demographic characteristics, and/or level of family functioning; and (4) to examine the reliability and validity of assessment instruments for a culturally diverse Head Start population.

The project consists of a 3-year program of research involving instrument development activities (Year 1) and a short-term longitudinal study of two annual cohorts of 3- to 5-year-old Head Start children (Years 2 and 3). Participating families are drawn from two Head Start programs — one in northern California serving a predominantly white, rural population and one in southern Arizona serving a largely urban, Mexican-American population.

Year 1 (1992-93) activities involved instrument development and refinement, and obtaining Spanish translations of parent and child self-report measures. A pilot study was completed on 150 children and families at the Arizona site and 85 children and families at the California site, in order to determine the reliability of the measures for use with Head Start samples and the psychometric equivalence of Spanish and English versions of the self-report measures.

Parent-report measures included the Temperament Assessment Battery for Children (TABC) and a researcher-developed parent involvement questionnaire. The child-report measures included the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children and a researcher-developed perceived teacher acceptance scale. Teachers completed the teacher form of the TABC, the Student-Teacher Relationship Scale (STRS), and a teacher version of the parent involvement questionnaire.

In preliminary analyses, the teacher measures were found to have the strongest psychometric properties, with alpha values for internal consistency ranging from .71 to .95 and test-retest reliabilities ranging from .38 (one parent involvement subscale) to .87 across measures and research samples. Child measures showed alpha values ranging from .41 to .84 for the perceived competence and acceptance scales, with comparable results for the two language versions. Test-retest reliabilities ranged from .60 to .69 for the English versions and .14 to .54 for the Spanish versions. For the parent measures, alpha coefficients for the parent involvement questionnaire and TABC ranged from .50 to .92 for the English versions and from .38 to .92 for the Spanish versions. Test-retest reliabilities for these measures ranged from .50 to .83 for the English versions and from .32 to .83 for the Spanish versions. The pilot study results will be used as a basis for revising the assessment battery to be used in the Year 2 and 3 longitudinal studies.

Social and Academic Competence

Impact of Parental Values on Social Competence for Children Attending Head Start *Wanda H. Newell, Kelly K. Bost*

Presenters: Wanda H. Newell, Kelly K. Bost

Earlier research has failed to describe adequately the parental values of African-American families and implications of these values for child socialization outcomes. Using an ecological framework, this study explored associations between parental values and child socialization outcomes of rural and town-living African-American families whose children attended Head Start. The goal of the study was to expand the knowledge of cultural and sociocultural factors within the parents' ecology that may shape their parenting behavior and thereby set African-American children on certain developmental trajectories.

The central research questions addressed in this study were: (1) What are the parental values and practices of African-American parents, and what implications do these values and practices have for children in settings such as Head Start? (2) What associations exist in small- to medium-sized towns between social networks, employment patterns, economic factors, and the values and practices characteristic of African-American parenting? (3) How are these background factors linked to child socialization outcomes for children in Head Start? Neighborhood and community ecology, social class indicators, family structure, race, and employment patterns were examined as they related to child outcomes.

In collaboration with eight Head Start programs across south-central Alabama, a sample of 130 families were recruited, approximately half of which lived in rural areas. The goal was to bring the sample up to a final total of 300 families, with about 30% representing rural areas in the counties served by these Head Start programs. All families were expected to meet the federal guidelines for participation in Head Start. Data regarding parental values, goals, and expectations for their children were collected in the context of a detailed face-to-face interview. Mothers were asked to describe their child in several different ways. They responded to a set of ethnic proverbs and also described their own beliefs and practices with respect to childrearing. In addition, mothers stated their beliefs about preschool institutional values, preparation for preschool and elementary school, and their expectations concerning skills their child should acquire in Head Start. They also characterized their communities and social networks with respect to support afforded the mother and child by formal and informal institutions. Finally, mothers provided information concerning their families of origin. Because these data were being collected as a part of a larger ongoing project, data from these maternal interviews can be connected to assessments of the child's social behavior in the classroom and to assessments of the child's social ecology provided from the child's own point of view.

Social and Academic Competence

Relations between Social Competence, Social Behavior, and Social Support Networks for Children Attending Head Start *Brian E. Vaughn, Kelly K. Bost, Wanda H. Newell, Kerry Cielinski, Marilyn R. Bradbard*

Presenters: Brian E. Vaughn, Kelly K. Bost, Kerry Cielinski

A primary goal of Head Start has been the enhancement of social competence — that is, the capacity to manage affect, behavior, and cognition in social contexts so as to permit the achievement of immediate social goals without simultaneously constraining possibilities for other children to achieve their social goals and without foreclosing on options for future development. Because this construct is complex, assessments must be equally broad-banded and complex. Furthermore, the degree of social competence evidenced by the child in the Head Start setting is influenced by factors external to that setting, especially those factors associated with social relationships in the family and neighborhood where the child resides.

This Head Start/University Partnership project was designed to examine social competence in Head Start and to relate individual differences along this dimension to children's social networks, both inside and outside the classroom. The most general hypothesis of this study was that supportive aspects of the child's social network of family, friends, and neighbors are a foundation for enacted social competence in the classroom. To test this hypothesis, it was necessary to assess both the performance of the child and the larger social network. Assessment in these domains entailed several subsidiary hypotheses that had to be considered prior to testing more general relations between support in the social network and social competence, and it was the testing of one of these subsidiary hypotheses that was the focus of this presentation.

First, it was necessary to demonstrate that a dimension reasonably identified as "social competence" could be abstracted from the moment-to-moment activities of children in classroom settings. To test this assumption, three measures that have been associated with individual differences in social behavior for preschool children were utilized. First, the behavior of the children was summarized using two widely used Q-sets that were rated by observers who had spent 20+ hours in the classroom directly observing the children. These behaviorally relevant descriptions were scored according to a criterion for the "most socially competent" preschool child. Second, peer-acceptance data using two standard picture sociometric techniques (nominations and ratings) were obtained. Third, records of the visual attention attracted by the children from their peers were obtained.

These data tested the hypothesis that "social competence" is characterized as a single dimension with several non-redundant facets. Intercorrelations among the measures (obtained in a sample of 124 children from 9 different classrooms) were calculated and then submitted to a structural-equation modeling procedure. The resulting model "fit" the data well (goodness-of-fit probabilities range from .97 to 1.00). The results indicate that it is justifiable to consider social competence as a single dimension with several major facets. Having this higher order measure is critical for evaluating relations between social competence and aspects of the child's social network. Current coding and analyses will examine which elements in the children's social networks are most closely associated with classroom social competence.

Social and Academic Competence

Family Literacy Environment and Growth of Early Social and Academic Skills

Frederick J. Morrison, Elizabeth McMahon Griffith, Gary L. Williamson, Christina L. Hardway

Presenters: Frederick J. Morrison, Elizabeth McMahon Griffith, Gary L. Williamson, Christina L. Hardway

Ongoing longitudinal research on the nature and sources of early literacy has revealed that (1) there are large individual differences in children's early literacy skills and, hence, in school readiness; (2) children at risk on one skill (e.g., language) are generally at risk across a wide range of literacy skills (reading, math, general knowledge); and (3) as children progress through early elementary school, the range of individual differences never diminishes, but is either maintained or magnified. Taken together, findings to date point directly to the crucial importance of early influences in promoting literacy and school readiness.

The present study focused on the factors in the child and family that are most predictive of early school success. All possible subsets of regression analyses on literacy outcomes revealed that the strongest predictors included child's IQ, maternal education, preschool experience, family literacy environment, and child's learning-related social skills. Subsequent analyses using forced-entry hierarchical regression revealed that both family literacy environment and learning-related social skills predicted unique variance (5% and 6%, respectively) in kindergarten reading scores. Somewhat surprisingly, when social skills were taken out before literacy environment, no residual unique variance attributable to literacy environment remained. In contrast, learning-related social skills continued to capture unique variance (5% in reading and 13% in mathematics skills), even after literacy environment was taken into account.

Results suggested that acquisition of learning-related social skills may be as important as basic literacy skills in early academic success. Findings also revealed that measures of learning-related social skills (like the Cooper-Farran Behavior Rating Scale) provide important insights into the sources of early development.

Locus-of-Control *Susan M. Hegland, Dania Clark-Lempers, Karen Colbert*

Presenters: Susan M. Hegland, Dania Clark-Lempers, Karen Colbert

Locus-of-control (LOC) refers to the extent to which the individual perceives outcomes to be contingent upon his or her own efforts and abilities (internal) or to powerful others or luck (external). Relationships of home and program variables to locus-of-control were studied in a sample of 70 kindergarten children (both Head Start and non-Head Start) enrolled in four Chapter 1 schools and 55 Head Start children.

Findings reported here are analyses of the first year of the Iowa Head Start/Public School Transition Project, in which kindergarten children and their parents were interviewed both in the fall and in the spring, while Head Start children and their parents were interviewed in the spring only. In describing their interactions with social agents, Head Start and kindergarten children perceived more control over teachers than over parents, more control over fathers than over peers, and more control over peers than over themselves alone. Parent locus-of-control, assessed in the fall among kindergarten families, was significantly related to children's locus-of-control in both the fall and the spring, as well as to parent locus-of-control in the spring. No effects of Head Start experience or transition experience were related to children's locus-of-control. The findings indicate a strong role for teachers and parents in facilitating internal locus-of-control.

Training and Development

Child-Based and Environmental-Based Promotion of Preschoolers' Social Competence *Louise Rouillard, Barry H. Schneider*

Presenters: Louise Rouillard, Barry H. Schneider

Researchers have clearly documented the important role that peers play in the development of children's social and cognitive skills. Unfortunately, many children fail to develop friendly peer contacts, and, consequently, they are rejected by their peers. Studies have found that peer rejection predicts psychosocial maladjustment and academic difficulties in adolescence. The identification of social-behavioral deficits in rejected preschoolers provides a starting point for intervention programs designed to ameliorate these deficits. A review of the existing intervention programs shows that most programs have focused on the children, without taking into consideration the ability of the adults around them to prompt and facilitate the social skills that have been taught.

The present study was designed to compare the impact of an intervention program centered on the child and an intervention program aimed at the child's environment in promoting friendly peer relations. Eighty-nine preschoolers enrolled in day care centers participated in the study. Their ages ranged from 3 to 5 years old; they came from families of different socioeconomic levels and cultural backgrounds. The children were observed during free-play activities in the classroom and outdoors for a total of 60 minutes. Each child was then administered a sociometric rating scale using photographs. These measures were used to determine the frequency of each child's aggressive behaviors and level of popularity within the class. The frequency of aggressive behaviors and level of peer acceptance were used to identify the children classified "at risk."

Each class of children was then assigned to one of three conditions: (1) a social skills program directed at the child; (2) a positive reinforcement workshop for the teachers; and (3) a waiting list control group. The social skills program was delivered by trained teachers during circle time activities for 30 minutes per day over 20 consecutive days. It utilized several established techniques including videotaped modeling, discussions, and role play. The positive reinforcement workshop was given by a psychologist who specialized in cognitive-behavioral approaches and consisted of one group discussion lasting 1 1/2 hours on the nature and use of positive reinforcement. The teachers were then asked to complete a log every day for 20 days in order to evaluate their use of positive reinforcement. This procedure was used to prompt teachers to use positive reinforcement.

The programs were administered on two occasions in two different preschools to control for possible order effects. After each intervention, the measures were readministered to the at-risk children and the waiting list comparison group to compare the efficacy of the two intervention programs. The comparative results of the social skills programs were examined in terms of their ability to promote friendly peer relations.

Fostering a Family-Centered Approach among Early Intervention Service Providers: The Relationship between Research and Practice *Rita Benn, Karen Mikus, Deborah Weatherston, Tammy Mann*

Presenters: Rita Benn, Deborah Weatherston

This presentation described an intensive, family-centered, interagency training model that has been effective in helping professionals across systems and disciplines understand and integrate the beliefs and principles of family-professional partnerships and transdisciplinary service coordination. The content of this training model incorporates the knowledge bases (e.g., family systems, risk factors in development) and skills (e.g., identification of family strengths and resources, service coordination, family collaboration, and infant assessment) consistently identified by practitioners and professionals involved in early intervention. The design utilizes principles of adult learning and elements of in-service training that have been shown to be most effective in maximizing change (e.g., long-term process, emphasis on reflection and discussion, integration of didactic content with case application, hands-on activities).

Ten groups of 14 to 20 multiagency, interdisciplinary early intervention service personnel and parents with special needs were involved in this ongoing, in-service training process ($N = 189$). Each training group included at least one facilitator and two parents from the community who had older children with special needs. The parents served as ongoing consultants to the group as they explored the meaning of family-centered practice. Participants in the training represented a wide range of professions (e.g., physical and occupational therapists, child care agency directors, nurses, Head Start workers) across a number of public and private agencies (community mental health, public health, visiting nurses associations, special education). Most had more than 15 years of professional experience, with less than 2 years working with a special-needs or at-risk birth to 3 population.

Each training group met consistently (weekly and/or biweekly) for a total of 48 hours. The training occurred in two phases. The first phase emphasized topic-focused presentations related to the development of family-centered, collaborative care. The second phase involved the application and development of individual family service plans with families from the participating agencies.

Subjective evaluation of the participants' experience in the training process indicated that they perceived a shift in their approach to early intervention service provision as a result of the training. Using a 5-point Likert rating scale, participants rated their changes at the end of both phases. In all but 1 of 14 areas, at least 80% of the participants reported a positive shift.

Training participants were administered a pretest and posttest 20-item, 5-point Likert questionnaire on early intervention practices. The items on this questionnaire focused on best practices related to family-centered care and were chosen based on consensual agreement by skilled, clinical early intervention practitioners. The alpha reliability coefficient for this questionnaire was .74. Pre- and posttests on the early intervention practices questionnaire yielded significant differences on six items ($p < .05$) and approached significance on two ($p < .10$). On all items that did not reach statistical significance, mean posttest scores reflected changes in the expected direction. A summary index based on responses to all these items was also computed. Comparative analysis of the pre- and postindex indicated a significant overall shift in participants' approach to early intervention service provision.

Training and Development

The Value of Teacher Reflection in Enhancing Developmentally Appropriate Practices: An Early Childhood Case Study

Laurel Parrott, Linda Spatig, Amy Dillon, Kate Conrad, Bertha Campbell

Presenters: Laurel Parrott, Linda Spatig, Amy Dillon

Reflective teaching is receiving increasing attention in educational literature. Although definitions of reflective teaching show it to be a complex concept, reflective teachers are those who can analyze their practices and the contexts in which they occur. Research shows that, given time and support, teachers can become more reflective thinkers. An ongoing, interactive approach can lead teachers to question their beliefs and to experiment with new practices as they further develop their teaching philosophies. It can be an empowering experience for teachers to explore research findings in light of their own classroom experiences and then confirm or reject those findings. However, if the push for reflective thinking is perceived by teachers as yet another standard by which they will be judged, it becomes less meaningful and even restraining.

A case study of a staff development program that encouraged reflective teaching among early childhood teachers was presented. The program was part of an ACYF Head Start/Public School Transition Demonstration Project designed to ease Head Start children into public school by providing comprehensive health and social services, parent involvement programs, and educational services to kindergarten children and their families in five elementary schools in West Virginia. The staff development component explored and encouraged developmentally appropriate practices and emphasized the importance of teacher reflection. Three ethnographers observed regularly in classrooms and provided detailed field notes to the teachers and staff development coordinators. Project results were based on an analysis of field notes of classroom observations and staff development meetings, transcripts of interviews with teachers and project staff members, and written documents.

Data showed that the staff development program encouraged teachers to reflect on their classroom practices and to question previously accepted practices. Teachers selectively implemented ideas discussed in staff development meetings and rejected ideas they viewed as inconsistent with their educational philosophies. Some teachers even credited the staff development program with instigating broad changes in their teaching practices. Conversely, teachers resisted the staff development program for a variety of reasons. Teachers felt they were being evaluated, either by the observers in their classrooms or when they felt that some of their practices were criticized in staff development meetings. Reading about themselves in field notes made some teachers uneasy, and some were uncomfortable sharing opinions and ideas with the staff developer or teachers they did not know well. The fact that teachers were given no choice about participating in the project made some teachers resist certain aspects of the project. They felt torn when practices encouraged in staff development conflicted with local and/or state requirements. Finally, some felt they were being asked to accept ideas wholesale rather than to critique them in light of their own experience.

Training and Development

Macrosystem and Microsystem Influences on Teachers' Expectations of Child Development and Learning *Regena Fails*

Presenter: Regena Fails

Several factors influence child learning and development in kindergarten. This study examined the interaction of macrosystem (socioeconomic status) and microsystem (readiness-testing policies in schools) factors on the development and learning of kindergartners, using Bronfenbrenner's ecological model as a framework. This study applied this perspective to child development and learning in kindergarten and examined how socioeconomic status (SES) and readiness testing influence teachers' expectations about the learning and development of their students and how they use this information to make end-of-year grade placement decisions.

The goal of this study was to more fully understand how teachers make decisions about student learning and ability. Research has shown that tracking in the early grades has sustained and continued effects throughout the school career; therefore, it is necessary to study the decision-making processes that affect child development. It is important to examine forces within the school (microsystem) and outside the school (macrosystem) that influence teacher expectations and decisions about students' abilities.

This study addressed the following questions: (1) How do students' socioeconomic backgrounds affect teachers' expectations and end-of-year grade placements? (2) How do institutional policies on testing and tracking affect teachers' expectations and end-of-year grade placements? (3) How do economic and institutional policy factors interact and influence teachers' expectations and end-of-year grade placements?

The sample consisted of 108 kindergarten teachers from four school districts that varied in use of readiness testing and SES levels. Data included a questionnaire on teachers' beliefs about standardized tests and student learning and development, as well as tracking and school district demographic data on student enrollment. Analysis of variance (ANOVA) was used to examine the effects of SES and readiness testing on teachers' expectations and end-of-year grade placement decisions.

The first ANOVA examined the effects of SES and readiness testing on teachers' expectations. SES had an F of 10.83 ($p < .01$), while readiness testing ($p = .62$) and interaction of test and SES ($p = .23$) were not significant. The second ANOVA examined the effects of SES and readiness testing on teachers' end-of-year retention percentages. SES had an F of 7.00 ($p = .01$), readiness testing had an F of 7.03 ($p < .01$), and interaction of SES and test had an F of 5.48 ($p < .05$).

The results showed that children's level of SES had an effect on teachers' expectations for learning and development, while readiness testing had no effect. On the other hand, when teachers made final grade placement decisions, both level of SES and readiness testing had a significant effect. Therefore, teachers have to make sure that they interpret test results accurately for children from all SES levels and use this information appropriately to make grade placement decisions.

Training and Development

What Do Head Start Teachers Know about Non-English Speaking Children?

Toni Griego Jones

Presenter: Toni Griego Jones

It has been estimated that the population of non-English-speaking children between birth and 4 years in the United States is at least 2.6 million. For many of these children, preschool or Head Start may be their first encounter with an English-speaking environment. This early contact with English comes at a crucial time of development in a child's first language and sets the stage for learning a second language. Further, children's attitudes and perceptions of self, schooling, and their place in American education begin to be formed by experiences in preschool settings. Therefore, teachers who care for children learning a second language should have a clear understanding of what is developmentally appropriate for the children.

This study reviewed literature on appropriate practice for second-language learners and reported on findings from assessments that identified in-service needs of personnel in early childhood settings serving non-English-speaking children. Data were collected from surveys and interviews with 50 teachers in preschools and Head Start centers in Milwaukee, Wisconsin. Eighty-eight percent of the Head Start teachers and all of the preschool teachers worked with children from non-English-speaking backgrounds. Results indicated that although teachers were fully certified and felt well prepared to teach in preschool positions, they believed they needed more training in second-language acquisition and understanding bilingual development. Over half of the Head Start teachers said that their early childhood education preparation had not included information about second-language learning or bilingualism. Another 21% said they did not know if their training had included this area in its content. However, teachers held some beliefs that were consistent with the knowledge base on appropriate practice for second-language learners. For example, 79% of preschool and 91% of Head Start teachers believed that it is important to develop a child's native language as well as English. Despite this belief, languages other than English were rarely used in the child care settings, even when teachers had proficiency in the children's native language.

There was confusion and ambivalence about what to do with non-English-speaking children. Teachers need to be supported by experts and research in order to act on their beliefs or to make informed decisions. In chart form, this presentation compared developmentally appropriate practice for second-language learners with teachers' beliefs and behaviors, showing matches and mismatches between appropriate practice and teacher beliefs, as well as matches and mismatches between beliefs and behaviors. Charts also illustrated areas and topics identified as important for teacher preparation.

Training and Development

The Implications of Attachment Theory for Early Childhood Professionals

Benjamin Mardell

Presenter: Benjamin Mardell

Attachment literature has heuristic value, as it provides a theoretical underpinning to observations of the relationship of children to their primary and secondary caregivers. Attachment theory describes how secure attachment bonds between children and their caregivers are formed and the consequences of both secure and insecure attachment relationships. In particular, the emerging work on secondary attachments is useful in understanding child-teacher relationships. Research on secondary attachments suggests that secure attachment bonds between young children and their teachers are important for children's emotional and intellectual development.

As a system of conceptualizing children's emotional and social development, the application of attachment theory can greatly enrich practice in early childhood classrooms and inform the decisions of administrators and policymakers. In general, steps should be taken that ensure the provision of contingent, responsive caregiving. Specifically, recommendations for teachers include designing a curriculum that focuses on fostering secure bonds between teachers and their charges. Such a curriculum includes (1) attention to separations and taking steps to ease the stress related to primary caregivers' departures; (2) fostering home-caregiver links; (3) emphasizing holding and physical contact; (4) providing "handles" for attachment (items of interest to children that distract the child and defuse some of the emotional charge in building new relationships); (5) routines that create predictability; (6) a focus on classroom community; and (7) supportive physical environments. Teachers can also utilize attachment theory as a conceptual framework for understanding children's classroom behavior.

Recommendations for administrators include (1) lengthening the period that children spend with specific teachers (e.g., through mixed-age groupings where children spend 2 years with the same teacher) and (2) keeping class size small to allow for the contact between children and teachers necessary to form secure attachment relationships.

Recommendations for policymakers include (1) crafting regulations that emphasize small class size and low child-teacher ratios and (2) directing resources towards teacher salaries in an effort to decrease turnover, which inherently undermines secure attachment relationships.

Training and Development

The Teacher as Mediator of Social Development: Implications of Vygotsky's Theory for Peer Interaction and Moral Understanding

Nancy File, Cary A. Buzzelli

Presenter: Nancy File

This project presented a Vygotskian approach to facilitating children's social development. Research evidence suggests that teachers rarely intervene to mediate children's peer interactions, and their mediation tends to be directive. Preliminary analyses of classroom interactions indicate that teachers' mediation of children's moral transgressions often focuses on determining the sequence of events and children's ability to apply classroom rules. The picture that emerges is one in which children are largely left alone to manage their peer interactions except when decorum or safety is threatened, in which case teachers focus on the application of classroom rules or attempt to regulate solutions. These teaching methods function primarily to "move" the child to accept and understand a definition of moral principles and social knowledge framed by adults.

However, a Vygotskian framework suggests that sociomoral knowledge is learned through interaction with more knowledgeable others. This requires a more active role for teachers, one in which they interact with children to facilitate their thinking about social dilemmas. This theory posits that teachers are co-participants in children's development through the teaching-learning contexts in which shared understandings are co-constructed between these participants. This project made specific applications of this theory, particularly in regard to children's relationships with peers and their moral development.

The concept of shared understanding is essential in that the teacher's role is not only to help children internalize desired values, moral principles, or ways of interacting, but also to become part of a dialogue in which adults interpret and frame events within a context that reflects the meaning that the child attributes to the situation. Within the dialogic context, children construct an understanding of social knowledge and moral norms that is internalized to serve self-regulatory functions in guiding behavior.

The teacher's role includes interacting, creating shared meaning, guiding, and adjusting interactions to meet the child's zone of proximal development. In examining the teacher's role, it is helpful to look at questions such as these: How did the teacher create a sense of shared meaning with the child? How was the child involved, not just in describing, but also in defining? How was the child involved, not just in adopting desired behaviors, but also in truly making decisions? How did the teacher nurture the child's ability to create new meanings, for example, to "retell," rather than to "recite," rules? How did the teacher support, yet also challenge, the child to manage peer relations and resolve social dilemmas in view of emerging knowledge and skills? Use of Vygotsky's sociocultural approach provides an overarching theoretical view that incorporates attention to the social context, the participants within the context, the goals and intentions of the participants, and the dialogue between teachers and children.

Training and Development

Development of Reflective Teaching through the Zone of Proximal Development: Journals and Guided Interviews as Activity Settings

Andrew J. Stremmel, Victoria R. Fu, Pradnya Patet

Presenters: Andrew J. Stremmel, Victoria R. Fu, Pradnya Patet

Basic to current education reform is a call for the professionalization of teaching so that teachers can exercise their professional judgement about curriculum content, instructional practice, and school goals and policies. The ability to make such decisions is characteristic of teachers who are reflective in their practice. An important part of one's professional identity is developed through reflection, the critical examination of one's assumptions about teaching/learning and the context in which teaching practice occurs.

This presentation reported the results of data gathered as part of a 3-year longitudinal, qualitative study designed to examine the development of reflective thinking and teaching in prospective early childhood teachers. Utilizing Vygotsky's sociocultural theory as a framework, the role of reflective journals and guided interviews as activity settings for the provision of guidance and assistance in the development of reflective practice was examined. The sample consisted of 11 female students enrolled in an undergraduate early childhood teacher education program.

Activity settings, based on Vygotsky's concept of the zone of proximal development (ZPD), are defined as contexts in which teaching-learning occurs in the presence of collaboration, intersubjectivity, and assisted performance with more expert others. For the purpose of this study, journals and guided interviews were defined as activity settings. It was proposed that, in these settings, teacher educators assist prospective early childhood teachers in co-constructing zones of proximal development that allow for opportunities for assisted performance and the internalization of cognitive processes conducive to enhancing teaching effectiveness.

Results indicated that the quality and content of thinking that occurred in activity settings varied as a function of the context and type of reflection. Through journals, instructional dialogue between student and instructor tended to be structured on the students' own reflections on perceived failures and successes in the classroom. Instructor feedback was limited by written descriptions of these experiences. However, during guided interviews, assisted reflections went beyond the boundaries of these activities as a function of the reciprocity inherent in collaborative conversation. The interviewer's own reflections and probes served to "scaffold" students' reflections on their teaching.

Data suggest that while journals and guided interviews are qualitatively different, both provide mutually supportive activity settings for the development of reflective practice. The former promotes self-reflection, while guided interviews foster social reconstruction of knowledge through conversation that assists and supports. These findings have important implications for pre- and in-service training of Head Start and early childhood teachers. The use of journal writing and collaborative conversations as reflective tools by directors and staff may foster shared understandings, challenge previously unexamined and often antiquated assumptions that underlie teaching methods and classroom practices, and assist novice and experienced teachers in their thinking about teaching children from a wide range of backgrounds. Such methods of inquiry and professional development may richly add to traditional and quantitative methods for assessing the quality and effectiveness of Head Start and early intervention programs.

Training and Development

Prenatal Drug Exposure: Myths, Realities, and Issues Related to Labeling

Tamara Jackson, M. Diane Klein

Presenters: Tamara Jackson, M. Diane Klein

During the past 15 years, educators and health services workers have witnessed an epidemic in the numbers of infants born prenatally exposed to drugs. A small body of longitudinal research literature has now "come of age" and is beginning to provide some reliable information related to the longer term sequelae of intrauterine exposure to drugs. Reliable data have been extremely difficult to obtain due to the wide range of methodological challenges associated with research in this area.

There has been no shortage of media and popular press coverage of the effects of drug exposure upon physical and psychological development. Increasingly, young children are being identified and labeled as "drug babies," "crack kids," and "PEDs" (prenatally exposed to drugs). Concern has been raised about the inherent class and racial bias in identification of these children and their families.

Despite a research literature that suggests that only some infants exposed prenatally to drugs are affected and that the effects are variable and can be mitigated by appropriate intervention, professionals and lay people alike appear to have rapidly developed many biases and misconceptions regarding the characteristics of these children as they reach school age. Current attitudes include the notion that learning and behavior problems associated with prenatal drug exposure are permanent and not amenable to intervention.

Anecdotal accounts of effective strategies for working with these children, both at home and in center-based settings, actually suggest that neither the children's characteristics nor the teaching strategies are new and unique. Rather, the heterogeneous range of learning characteristics demonstrated by these children are responsive to strategies and techniques that have long been effective with a wide range of children with learning and behavioral challenges.

The purpose of the study was to try to document and understand the perceptions and attitudes that current and future teachers have toward children who have been labeled prenatally drug exposed. The attitudes and prejudices of teachers in an inner-city school district in Los Angeles County and students in teacher training programs were examined. The methodology used in this study consisted of a survey of teacher attitudes. The survey was first drafted on the basis of empirically generated responses to open-ended questions pertaining to the effects of drug exposure. These responses were obtained from professionals representing a range of disciplines. A survey questionnaire was then developed that asked teachers to rate a list of possible child characteristics on a 4-point scale ranging from "very rarely demonstrated" to "almost always demonstrated."

Results of the study suggested that most teachers believe that if a mother takes drugs during pregnancy, her infant will definitely be affected and that children who have been prenatally exposed to drugs are very different from other children in their classes, require specially trained teachers, and are more difficult to teach than handicapped children.

Training and Development

Children in Two Worlds: Lessons Learned in Israeli Preschools

Helen Altman Klein

Presenter: Helen Altman Klein

Each culture has a developmental ethno-theory: its ideals, expectations, and normative practices related to childrearing. When the developmental ethno-theory of the school differs from that of the families served by the school, children may find school to be incomprehensible, unpredictable, and punitive. Positive adjustment requires that the differences between home and school be bridged by educators. Israel has immigrants from many cultures, ranging from the highly industrialized to the Third World. This research explored dimensions, problems, and facilitators of immigrant adjustment to Israeli preschools through interviews, questionnaires, and classroom observations.

Five areas critical to adjustment parallel those found in Head Start programs. The first area is language comprehension. Because Israeli immigrants rarely understand the language used in the classroom, educators typically complement verbal directions with gestures and contextual cues. This redundancy facilitates participation, but also masks language deficiencies. Israeli teachers have learned to emphasize language expansions, interactions, and questions, even when children can follow directions. Head Start classes, serving families with language or dialect differences, also must accommodate language differences.

The second area is parental involvement. Bronfenbrenner emphasized the importance of parent-teacher interactions for the positive adjustment of the child. Many Israeli, as well as Head Start, parents, lack a common language with the teacher, are unaware of school procedures and expectations, and are intimidated. In this context, proactive techniques for establishing communication are critical.

The third area is basic caregiving. Concepts of appropriate caregiving and the physical needs of children vary across cultures. Some, for example, assume that young children need continual access to food, while others assume they need scheduled access. Some cultures emphasize modesty, while others view curiosity as natural and healthy. Such divergence in deeply held beliefs can cause anguish to parents. Head Start teachers need to identify, articulate, and mediate these caregiving differences.

The fourth area is view of school. Group care is seen as an expanding, positive opportunity in some cultures, but it borders on neglect and abuse in others. Schools are the servants of parents in some cultures, but the masters in others. The initial behaviors of parents and children reflect these underlying cultural views. To support child adjustment, the educator needs skill in addressing these discrepancies.

Finally, behavior expectations are culturally linked. Two examples are illustrative. Ethiopian children are taught to respect and not question adults; however, Israelis see questions as a sign of engagement and curiosity. Teachers must understand this distinction in order to see Ethiopian children as respectful, not dull. Russian children are initially passive because of cultural control styles. Israeli teachers, however, assume that children are active and as a result, provide many choices. Teachers must understand this cultural difference and foster the development of initiative. Head Start children also sometimes exhibit behaviors that conflict with classroom expectations, and this requires accommodation.

Israel has a long history with culturally diverse children in early childhood education. Head Start programs can learn from the ways in which Israeli programs have responded to the challenges that they have faced.

Training and Development

Mentoring "At-Risk" Preschoolers: The Child Project *Bernard Weitzman, Robert Terwilliger, Ellen Halpern*
Presenters: Ellen Halpern, Bernard Weitzman

The Child Project began in 1990 in response to the urgent needs of inner-city children. Although profoundly stressed by their environment, many inner-city children possess extraordinary resiliency. The project serves 3- to 6-year-old children who have been identified by the Head Start administration as "at risk" for future social and academic difficulties.

The inspiration for the project was derived from the remarkable experience of the impact of a 1:1 adult to child ratio on the preschool children who attend Ramapo Anchorage Camp's Mild Month program in Rhinebeck, New York. Research has been conducted with the camp since 1991 in an attempt to understand both what changes these youngsters' experience and how the camp milieu (philosophy, counselors, environment, and program) facilitates this process. Arising from this inspiration, the heart of the project was the conviction that a caring, older person as a regular and consistent figure in the life of a child, even for a limited period of time, provides the impetus for the child to grow and flourish. Such individuals are called "mentors."

A mentor can be any older person — a high school student, for example. What is required of a mentor is that he or she "be there" for the child — without restraint or qualification. The mentor becomes a person with whom the child can form the bonds of attachment that are necessary for the child's full and healthy development. The students, both undergraduate and graduate, were provided with a broad curriculum, including family systems, child abuse, development in the target age range, and a diverse array of materials from preschool educational and intervention research. The clinical issues of transference and countertransference were discussed, and supervision was provided both to the group and on an individual basis. Approximately 50 of the students mentored children at three South Bronx Head Start sites and several other preschool programs around New York City.

This work proposed to effect changes in public policy that would significantly improve the lives and enrich the futures of inner-city children, their families, and those who choose to help them. A special feature of the research was an attempt to monitor the ongoing mentoring process in a nonintrusive way, using standard clinical tests and measurements or audiotape and videotape equipment. Because the study was interested in the growth of the whole child under the influence of the mentoring process, instruments that did not focus directly on particular problems were used to look at the child's prosocial and problem behaviors as they coexisted. This presentation included data collected over the past three years; over 300 assessments have been made.

Training and Development

Incorporating Family and Ethnic Diversity into the Head Start Classroom: A Preliminary Study *Barbara Foulks*

Presenter: Barbara Foulks

This research project was a preliminary study that surveyed Head Start teachers' beliefs regarding the importance of incorporating multicultural awareness and acceptance into the daily program and the difficulties they perceived in implementing these same inclusive practices. An investigation of two programs in western New York was done. One program was rural, predominantly Caucasian, with four different center locations. The other was urban, predominantly black, with one centralized location. Research data were collected in March 1993.

All teachers, aides, and assistant teachers participated in the study. The educational backgrounds and years of experience were similar across the two programs. The urban teachers were 90% black and 10% Caucasian. The rural teachers were 100% Caucasian. Ninety-eight percent of the children in the urban program were black. Ninety-three percent of the children in the rural program were Caucasian.

The teaching staff anonymously completed the "Multicultural Classroom Survey," which consists of 41 items based on recommended practices for establishing a multicultural environment in the classroom. The practices can be grouped into the following categories: family-home-school relationships; knowledge of cultural customs and traditions; physical, social, and emotional environment of the classroom; teaching strategies; and multicultural learning materials and activities. An item analysis was done, and ratings were calculated for each category.

Overall, rural teachers rated multicultural concerns as more important than did urban teachers. Rural teachers' least important category received higher ratings than urban teachers' most important category. Rural teachers indicated that the categories of classroom environment and learning strategies were very important. Their least important category was knowledge of cultural customs and traditions. The most important specific multicultural practice for rural teachers was using a variety of learning activities to teach each concept. Virtually all rural teachers rated this particular item as having the highest importance.

The category that urban teachers rated most important was family-home-school relationships. Their least important category was multicultural materials. The most important specific multicultural practice for these teachers was incorporating activities from each child's cultural and ethnic background into the daily program. Much variance occurred in the ratings of the "ease or difficulty" of implementing multicultural practices.

Urban teachers indicated that emphasizing cooperative learning activities was most difficult for them, whereas rural teachers indicated that obtaining resource people to visit the classroom was most difficult for them.

Additional insights into teachers' beliefs were provided by the statements made in the open-ended comments section. Both groups cited lack of funding and resources (including information) and nonparticipating parents as major obstacles to implementing multicultural practices within their classrooms. Often a respondent would numerically indicate that a practice was relatively easy to implement, but would comment that resources were not available. Some teachers did not believe it was appropriate for monocultural classrooms (black or Caucasian) to incorporate multicultural perspectives into their programs.

Training and Development

Navajo Head Start: Approaches to Early Intervention for Teachers and Parents

Michael C. Anziano

Presenter: Michael C. Anziano

Programs for early intervention are typically designed to offer some form of opportunity or enrichment that will improve the chances for children's success in school or social functioning in general. Participants in intervention programs are often children and families who are considered to be "at risk". Risk factors typically include characteristics of the child, the family, the community, and the environmental contexts in which people live.

This research considered approaches to early intervention with Head Start teachers, parents, and children who live and work in geographically isolated areas of the Navajo Indian Reservation in Arizona and New Mexico. Examples of risk factors in this project included such life events as poverty, a child's isolation from peers, or a family's extreme geographic isolation from services. This approach provided coursework in child development for Head Start teachers drawing upon the Navajo oral tradition of storytelling. The teacher project has worked with more than 125 individuals in 48 preschool centers and 13 home-based educational programs, having an impact on about 1,600 Navajo preschool children. The program for parents included instruction in the use of reading methods that encourage the preschool child to actively reconstruct the content of stories (read to them by parents) in various representational media (e.g., drawing and painting, clay construction, songs, block building).

Since 1987, college courses have been provided each week during the fall and spring semesters on site at Head Start centers in remote locations. Two federal grants from the Department of Health and Human Services (Head Start Bureau) funded these efforts, which combined college coursework and Child Development Associate (CDA) advising for students pursuing the national CDA credential. The oral tradition encouraged the candidate to first describe her classroom practices to CDA advisors prior to the next step of writing down these experiences in the form of portfolio entries. The field-based approach has generated about 100 new CDAs — all Native-American Head Start teachers. Data on these teachers indicated that 41% were promoted, 30% received pay increases, and 74% of teacher-supervisor pairs agreed that both teachers' classroom performance and children's skills improved as a result of CDA training.

The environmental context for both teachers and parents in these projects reflects the isolation and economic conditions on the Navajo Reservation. One half of the families on the Reservation have income below the federal poverty level. Three fourths of the homes do not have central heating (77%) or telephones (79%), and about one half of the homes do not have electricity or piped water. Strengths of the parents and teachers in these programs include increased teaching and writing competence, greater community self-sufficiency, parental investment in the child's education, and commitment to preserving traditional ways.

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Solving Interpersonal Problems: A Cognitive Approach to Behavior

Myrna B. Shure
Presenter: Myrna B. Shure

For the past two decades, correlational and intervention research in Head Start and other federally funded programs for inner-city poverty children has been conducted to test the mediating power of interpersonal cognitive problem-solving (ICPS) skills on the behavior of children at home and at school. The importance of this research is to learn whether thinking through and solving typical, everyday problems can reduce or prevent high-risk behaviors that predict later, more serious problems.

Previous research showed that as early as age 4, Head Start children could, or could learn to, solve interpersonal problems. Behaviors most affected by problem-solving intervention were those of antisocial behavior, social withdrawal, and poor peer relations, behaviors that research has shown are the most powerful predictors of later, more serious problems such as psychopathology and delinquency, substance abuse, and depression. The present research is based on a new sample of inner-city children, studied from age 5 (kindergarten) through Grade 4 to determine the long-term psychological and academic impact of an ICPS intervention. Data analyzed to date (through Grade 2) were reported.

In the third year of this 5-year study (the end of Grade 2), 324 black inner-city children were evaluated in one of four experimental conditions: (1) training from the teacher in kindergarten and in first grade; (2) training from the teacher in kindergarten and from the parent in first grade; (3) training from the teacher in kindergarten and no further training in first grade; and (4) controls who received no training at all.

Results at this point indicate that the ability of children in all three trained groups to think of alternative solutions to problems was superior to the ability of controls. Children trained by teachers both years were superior in alternative solution skills, and those trained by teachers and parents were superior in consequential thinking skills. Behavioral ratings by independent observers on the Achenbach Direct Observation Form indicated that mother-trained girls are the least impulsive, the least inhibited, and show the fewest total behavior problems, with the same being true for boys trained by teachers one or both years. Among those trained by mothers in Grade 1, changes in mothers' problem-solving style of communication, as obtained by interviews, related to child gains in positive, prosocial behaviors as observed in school.

The present data from kindergarten through Grade 2 suggest a longer range impact of ICPS interventions than previously reported. Earlier research found that, independently, teachers and parents can have a significant impact on the thinking and behavior of inner-city preschoolers. This research has found, especially for girls, a synergistic effect when both parents and teachers participate. The next logical study would be to train teachers and parents at the same time in preschool, then follow those children to see the preventive impact in the early elementary grades.

Training and Development

I Can Problem Solve (ICPS): A Practitioner's View *Phyllis Ditlow*

Presenter: Phyllis Ditlow

While serving as a "resource teacher" (kindergarten through Grade 4) responsible for helping teachers employ methods of instruction and materials to raise the academic achievement levels of children in Chapter 1 schools, the author frequently observed that children's emotional outbursts and fights were disrupting the learning environment in the classroom and consuming more and more instructional time as the children moved through the grades. It was obvious that the older the children got, the more violent they became. Consequently, property and personal damages became more serious.

Furthermore, it was observed that the manner in which adults intervened in children's conflicts significantly influenced the outcome for the children. Often, teachers were successful in their attempt to stop the disruptive behavior or conflict in the classroom, but their external control would only last for a short time, if at all, and only as long as the teacher was in close proximity to the student(s). Children would also become angry with the teacher, who they perceived to have taken sides in their conflict. The positive interactions that are necessary for teaching and learning were absent in this climate of anger.

In an effort to find new and better ways to help teachers and children learn how to handle conflicts, a technique known as Interpersonal Cognitive Problem Solving, or better known as "I Can Problem Solve" (ICPS), was developed. This technique allows teachers to help children learn to solve problems for themselves. It also allows teachers to remain neutral and act as caring and supportive role models for all children in a conflict. In this new role, teachers are leaders or facilitators, not judges and jury attempting to right a wrong.

This presentation explored ways to model ICPS interactions in the classroom and ways to integrate problem-solving vocabulary and thinking skills into a curriculum. Strategies and content for staff training and parent meetings were outlined, and guidelines for practitioners and administrators interested in implementing an ICPS program were offered.

Training and Development

Evaluating the Effects of a Two-Generational Family Education/Child Care Training Program *Fern Marx, Sharon Lynn Kagan*

Presenters: Muriel Hamilton-Lee, Sharon Lynn Kagan

This project was designed to examine whether a systematic and comprehensive intervention can both ready Head Start parents for successful employment in early care and education and have significant benefits for participants' parenting competence and their children's successful performance and development. Collaboratively researched and developed over a 2-year period by the Yale University Bush Center in Child Development and Social Policy, the New Haven Board of Education, and the Wellesley College Center for Research on Women, the project was based on thorough reviews of relevant literature, as well as reviews of a wide range of training curricula and currently or recently operating job training programs. The project integrates competency-based training in parenting, job readiness (job search and general employment skills), and child care training leading to a Child Development Associate (CDA) credential. Implementation of the training program and its evaluation began in March 1993, with the Pilot Cohort scheduled to complete their training during the winter of 1993.

In the Pilot Year, a group of 20 Head Start parents/legal guardians were randomly selected for participation from a pool of interested candidates. Candidates were required to have either a GED or high school diploma, be at least 18 years of age, and never have been trained or employed in child care. In order to assess the impact of the integrated program of services (child care training, parenting, and job readiness), one half of the participants received the full complement of integrated services, and the other half received the child care training alone. In the first and second program years, participants (20) will receive the full complement of integrated services; the comparison group (20) will receive Head Start services as usual.

The research project was designed to answer the following theory-driven questions: (1) Can a two-generational, research-based intervention improve the cognitive and social competence of Head Start children, and will there be differential effects for children in the two training modalities or between full intervention and comparison group Head Start children? (2) Can an integrated family education/child care training intervention enhance Head Start parents' skills in parenting their Head Start children, and will there be differential effects for parents in the two modalities or between full intervention and comparison group Head Start children? (3) Can a family education/child care training intervention enhance Head Start parents' employability, efficacy as paid child care providers, and economic self-sufficiency?

This presentation reported on the Pilot Year implementation of the intervention, during which period the goal was to provide preliminary feedback on the efficacy of, and refinements to, the training framework and research protocols. Further, it assessed the viability of integrating a competency-based child care training effort with competency-based parent education and job readiness training. It also assessed the viability of using Head Start, with its child development and family empowerment orientation, as an effective locus to train low-income women for entry into the expanding early care and education field. Lessons learned from the Pilot Year will be incorporated into the operation of the intervention in subsequent years.

Transition

Emerging Literacy Development and the Opportunity to Learn during the Transition of Children in the Navajo Nation from Head Start to the Elementary School *John R. Bergan, Richard D. Schwarz*

Presenters: John R. Bergan, Richard D. Schwarz

The Navajo Nation is currently participating in the National Transition study to examine the effects of a child and family development consultation model designed to promote the development of Navajo Head Start children during the transition to the elementary school. The model is designed to provide children with developmentally appropriate learning opportunities to promote their cognitive, physical, and social development. The present study examined the effects of learning opportunities on cognitive development during the initial phases of the transition to school.

One way to provide developmentally appropriate learning opportunities is to link opportunities to observational assessment of learning needs. However, when assessment is linked closely to learning opportunities, there is a danger that instruction will not produce changes in children's abilities, but rather will only alter performance on the specific tasks assessed. This danger is referred to as "teaching to the test." Research is needed to separate the effects of learning opportunities on children's abilities from effects on performance of learning tasks. The present study examined the separate effects of classroom learning opportunities on children's emerging literacy abilities and on their performance in specific knowledge areas related to literacy.

Two-hundred thirty Navajo children participating in the Navajo Transition project were involved in the present study. The children were all attending kindergartens participating in the transition study; moreover, all had previously attended Head Start.

Children's literacy abilities were assessed by data collectors using the MAPS Developmental Observation Scales. Following assessment, teachers were given profiles of children's literacy development. Family Service Coordinators provided consultation to teachers, enabling them to use the assessment results to provide learning opportunities appropriate to each child's developmental level. Opportunities were offered in five knowledge areas: knowledge of story structure, causal relations in stories, storytelling, writing, and print knowledge. Following the learning opportunities, the children were assessed again. The teachers filled out a rating scale indicating the opportunities provided in each knowledge area.

Structural equation modeling was used to examine the effects of the opportunity to learn on children's literacy abilities and on their performance in specific knowledge areas. The results indicated that learning opportunities and initial literacy ability directly affected literacy ability. The t-test values for the opportunity to learn and initial ability were respectively 9.03 and 9.32. These values were significant well beyond the .01 level. The opportunity to learn influenced performance in specific knowledge areas indirectly through its effect on literacy ability. These results support the assumption that learning opportunities affect children's development in literacy. They indicate that learning opportunities influence children's abilities, not just their performance on specific learning tasks.

Central Wisconsin Head Start/Public School Transition Demonstration Project: Some First Year Results *Joseph T. Lawton, Charlanne FitzGerald*

Presenter: Joseph T. Lawton

The Central Wisconsin Head Start/Public School Transition Demonstration project is part of the National Head Start/Public School Transition Demonstration project funded by the Department of Health and Human Services in 32 states. The research component of the project is a 6-year longitudinal study with two cohorts of Head Start and non-Head Start children and their families who will be followed from their transition into kindergarten through third grade. Eight school districts in Central Wisconsin were assigned to treatment and comparison groups using a blocked randomization procedure.

The primary objective of this study was to test the hypothesis that, in treatment school districts, the provision of a continuous program of comprehensive education, health, parent involvement, and social services during the early elementary school years will maintain and enhance the early benefits from Head Start programs. There was also the expectation that benefits can also accrue to non-Head Start children and families, especially those most in need.

Although the entire evaluation includes a comprehensive assessment of family functioning, children's school achievements, education programs, and the provision of social services, this presentation focused on particular aspects of kindergarten education programs. During the fall and spring semesters, assessment profiles of classrooms related to developmentally appropriate teaching practices were completed for all kindergarten classrooms in treatment and comparison school districts. Observations were made during the spring and fall semesters of teacher and child language interactions and teachers' facilitation of children's learning. Teachers also indicated their beliefs about their teaching practices and provided assessments of children's achievements.

All kindergarten teachers indicated not only a strong belief in developmentally appropriate practices but also a moderate belief in inappropriate practices. Teaching practices were observed to be invariably traditional, with a strong emphasis on teacher-directed activities. Most of the time, teachers taught the whole class and few accommodations were made for individual differences in learning. There was little or no indication of formative assessment or the use of such an assessment for planning learning activities and for dealing with children with special needs.

Teachers' assessments of children indicated that (1) in the fall and spring both Head Start and non-Head Start children ranged from high through average to low achievement; (2) in the fall, significantly more non-Head Start children were assessed as high achievers, and this difference increased by the end of the kindergarten year; and (3) it was significantly more likely for non-Head Start children to improve in their development and achievement during the kindergarten year. These results should be taken into account with the fact that, from classroom observations, it appeared that relatively little provision was made for children experiencing learning difficulties.

One of the main objectives of the transition demonstration study is to facilitate staff development. During the first year of the study, more restraints than opportunities for staff development were experienced. Looking into the future, results from this first year might be useful in influencing policy decisions by school districts to organize staff development programs. There was much optimism expressed by teachers, program personnel, and the research team that this objective could be obtained.

Transition

Making Transitions from Head Start into Public Schools: A Case Study

Cathy Grace, Clara Moulds, Esther Howard, Gloria Correro

Presenters: Cathy Grace, Clara Moulds, Esther Howard, Gloria Correro

In 1991 a comprehensive evaluation of one Head Start agency in Northeast Mississippi was conducted. The agency, serving 651 children through nine centers, is responsible for interfacing with 18 elementary schools located in four counties. The two primary objectives of the evaluation were to (1) examine each Head Start center with regard to curriculum, instructional delivery, staffing patterns, staff needs, and staff perceptions relative to what the learning environment for 3- and 4-year-old children should emphasize; and (2) evaluate current program transition practices between the Head Start Centers and public schools that receive the Head Start children upon entry into kindergarten.

This presentation addressed the transition portion of the study. Surveys were sent to Head Start teachers, agency directors and administrators, public school kindergarten teachers, and principals to determine what transition efforts were occurring. Information was obtained primarily through the surveying of the various populations. The compilation of information revealed that only 10% of the schools had a systematic communication system established between kindergarten teachers and previous caregivers or teachers to provide pertinent facts about the entering kindergarten children to school personnel. This is consistent with the national research on program transition released in 1991.

The summary of findings, based on a 73.9% survey return from kindergarten teachers, 95% return from elementary principals, and 55.5% response from school superintendents, revealed that public school personnel felt that there was no established system for communication between the school and Head Start centers. More than 80% of the teachers indicated that they had never visited the Head Start center in their area. This included all of the kindergarten teachers in one school who share classroom space with the community Head Start program. Only two of the 18 superintendents indicated that they had been invited and had visited the Head Start program serving their school. One indicated that he communicated twice a year to inform them of services the school could provide. Eleven principals indicated that they had not visited the center serving their school, and one commented that it was not made known to her that Head Start served children who attended her school.

When Head Start teachers from the nine centers surveyed responded to the questions that related to public school contact, the answers varied from those supplied by kindergarten teachers. Over 80% of the Head Start teachers responded to the survey, and 70% indicated that they had some contact with public school, either through a transition-day meal at the school or a conference with the kindergarten teachers about a former student. Five centers recorded a mixed reaction to the questions; some teachers in the center indicated that they had contact with public school personnel while others did not.

Transition

The Influences of Head Start and Transition Services on Parent Participation in Kindergarten

Lisa S. Abramson, Carolyn Jarvis

Presenters: Lisa S. Abramson, Carolyn Jarvis

While research demonstrates that children from low-income families benefit from Head Start, academic and other gains seem to disappear by the time the children reach third grade. Many educators believe this may be caused, in part, by a decrease in support services experienced by the children and their families after they leave Head Start. Recently, several large national projects have been funded (1) to provide continuity of instruction and other services to disadvantaged children and their families as they "graduate" from preschool programs into public school elementary programs and (2) to research these efforts.

The New York City Head Start/Public School Transition Project, one of 32 projects funded nationwide, is a collaborative effort of the New York City public schools, the Agency for Child Development/Head Start, and New York University's Robert F. Wagner Graduate School of Public Service. This project, which is administered by the New York City public schools, operates in four Head Start programs and four elementary schools located in Community School District 16 in the Bedford-Stuyvesant section of Brooklyn. Project goals include providing (1) a developmentally appropriate curriculum; (2) health services; (3) an active parent involvement program; and (4) a social services component. This presentation provided an overview of the project and preliminary findings regarding the relationship among parent involvement in Head Start, transition services, and parent involvement in kindergarten.

Because Head Start activities are designed to empower parents and encourage them to participate in their children's education after they leave Head Start, in this study Head Start parents were hypothesized to be more likely to participate in parent involvement activities in kindergarten than were parents whose children did not attend preschool. Abramson's study of the implementation of parent involvement programs in New York City public schools indicated that parent involvement programs that respond to parent needs are more likely to promote parent participation. Because transition services were designed to meet parent needs, it was also hypothesized that parents in transition schools would be more likely to participate in kindergarten than similar parents in comparison schools.

Approximately 190 former Head Start children were identified in 30 kindergarten classrooms in four transition project schools and five comparison schools. From each of these kindergarten classrooms, an equal number of non-Head Start children were randomly selected to participate in the study. There were four groups being compared: (1) Head Start parents with children at transition project schools; (2) non-Head Start parents with children at transition project schools; (3) Head Start parents with children in comparison schools; and (4) non-Head Start parents with children in comparison schools.

The unit of analysis was one parent or guardian. Data collection included parent interviews, a parent involvement questionnaire, and researcher observations of activities at study sites. An instrument designed to assess parent participation was administered to former Head Start parents in the fall to assess parent involvement during the Head Start year and will be administered to all parents in the study at the end of the kindergarten year to assess parent involvement in kindergarten. The analysis consisted of examining the relationship between Head Start parent participation in transition and comparison schools. In addition, future analysis will consider the relationship between overall parent characteristics (demographic information as well as experience in preschool), parent involvement program characteristics, and parent participation at transition and comparison sites.

According to preliminary findings, parents who were involved in Head Start or preschool parent activities and whose children were in Transition Project kindergarten classes were more likely to actively participate in kindergarten than parents whose children did not attend preschool or parents whose children did not attend Transition Project kindergarten classes.

Do Head Start Experience and Transition Support Influence Rates of Parent/School Interaction during Kindergarten? *Frances A. Campbell, Donna M. Bryant*

Presenter: Frances A. Campbell

Parent and teacher recall of parent involvement in the second semester of the kindergarten year was examined in low-income mothers whose children did or did not enter school from Head Start and who did or did not take part in a Transition Demonstration program. The Transition Demonstration program was randomly provided to Head Start graduates as well as to non-Head Start low-income or high-risk children at three of six elementary schools within the target system. Data were also collected from comparable groups of Head Start graduates and non-Head Start graduates and their families at the other three schools.

Both classroom teachers and parents reported initiating more contacts than the other recalled. There was reasonable agreement, however, about the means of contacts (in classroom, via telephone, or notes) and about the ways parents participated in the classroom and other school activities. Again, however, teachers recalled lower rates of parent participation than parents reported. Teachers significantly underestimated the rate at which, overall, parents reported working with children at home on reading.

The Transition Demonstration program was associated with a trend for teachers to recall improved parent attendance at school conferences and with a significantly greater degree of congruence between teacher and parent views of how parents worked with children at home (i.e., teacher and parent rankings of amount parents helped were more congruent). Learning activities were reported as having been sent home more frequently from Transition schools, but teachers believed Transition school parents actually made less use of such activities. Parents overwhelmingly named the teacher, not themselves, as the most important influence on children's learning.

These self-report data and teacher estimates of parents' activities at home may have been subject to selective recall on the part of parent and teacher, to parents trying to present themselves in a favorable light, or to negative stereotyping by teachers. Nevertheless, from these independently assessed reports, there was general agreement about means of contact and how parents volunteered in class, lending credence to the results. The outcome suggests that the Transition Demonstration program leads to an improvement in home-school communication, but clearly there needs to be further progress in this area. The results also show a need to increase parents' awareness of the importance of their own role in children's learning.

Appendix A

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Cooperating Organizations

Ambulatory Pediatric Association
American Academy of Pediatrics
American Educational Research Association
American Nurses Association
American Orthopsychiatric Association
American Psychological Association
American Psychological Society
American Sociological Association
The Association of Black Psychologists
Association of Hispanic Mental Health Professionals
Children and Adults with Attention Deficit Disorders
ERIC Clearinghouse on Elementary and Early Childhood Education
Family Resource Coalition
National Association for the Education of Young Children
National Association of State Boards of Education
National Black Child Development Institute, Inc.
National Center for Children in Poverty
National Center for Clinical Infant Programs
National Committee for the Prevention of Child Abuse
National Council on Family Relations
National Head Start Association

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